UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

1 181 1

. . 117 .

DO NOT WRITE IN THIS SPACE						
Case No.	Date Flied					
A! DC 257215	3_2_20					

1 11 1

	KC PEI	HUUN			DI-RC-	-257215	3	-2-20		
INSTRUCTIONS: Unle	ss e-Filed usi	ng the Agenc	y's websi	te, wy			s Petition to a	n NLRB office in the Region		
In which the employe	r concerned is	located. The	e petition	must	be accompanied by	both a showing	of interest (se	e 6b below) and a certificate		
								ement of Position form		
						.RB 4812). The s	howing of int	erest should only be filed		
with the NLRB and sh	ould not be se	erved on the	employer	or any	y other party.					
PURPOSE OF THIS PE bargaining by Palitionar requests that the Natio	and Pelllioner de	sirea to be certifi	ed as repre	entativ	VE -A substantial numbs a of the employaes. The per authority pursuant t	Petitioner alleges t	hat the followin	g circumstances exist and		
2e. Name of Employer	N 54 157	=======================================	.	2b. Ad	dress(es) of Establishme	nt(s) involved (Street				
VNA OF CARE NEW	The same of the sa		!	51 He	alth Lane, Warwick					
3a. Employer Representa Jennifer Lee	live - Name and				3b. Address (If same a	is 2b – stale same)				
3c. Tel. No. 401-737-7050		3d. Cell No.			36. Fax No. 401-732-6201		The second second	renewengland.org		
4a. Type of Establishment (Home Health	Factory, mine, wi	holesaler, etc.)	4b. Princip Health C		luct or service			and State where unit is tocated: a locations in Rhode Isand		
5b. Description of Unit In	havior		ricaliir	Maro			manipi	6a. No. of Employees in Unit:		
included: All full-time,		uled part-time	and per die	em tec	nnical employees, inc	luding Physical The	erapy	16		
	nd Certified Occ	cupational The	rapy Assis	tants.	2000 000 000 000 000 000 000 000 000 00		()	ob. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the		
		W P	alaba Basa		become made as (Date)	0/00/00	od Employee deal	Petitioner? Yes V No		
	2/28/20	(Date) (It no reply n	eceived	ive was made on (Date); , so state). presentative and desires		7.000-77.00	lined recognition on or about		
8s. Name of Recognized o					8b. Address	and the second second second				
8c. Tel No.		8d Cell No.			Be. Fax No.		7635			
6g. Affiliation, if any	-				th. Date of Recognition o	or Certification		8), Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or p					If so, approsed the Employer since		mployees are pa	rticipating?		
The rest of respect of the control of the rest of the control of				Contract Contract	CONT. DESCRIPTION PROPERTY . CONT. C	the contract of the second of the second of	resentatives and	other organizations and individuals		
known to have a representa		y employees in t	he unit desc			, so state)				
10s. Name		10b. Add	iress			10c. Tel. No.		10d. Cell No.		
None					4	10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the any such election.	NLRB conducts	an election in this	s matter, ste	le your	position with respect to	11a. Election Type	Manual	Mall Mixed Manuel/Mall		
11b. Election Date(s): Thursday, March 12th ,202		6:00 am			30 pm - 5:45 pm		E - 61 Health L	ane, Warwick , Ri 02886		
12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12b. Address (street and number, city, state, and ZIP code) 12b. Address (street and number, city, state, and ZIP code) 12b. Address (street and number, city, state, and ZIP code)										
12c. Full name of national of Service Employees Interna		or organization o	of which Pet	illoner i	s an affiliate or constituer	il (if none, so state)				
12d. Tel No. (860)251-6036		12e. Cell No. 973-985-4313			12/. Fax No. 401-457-5099		12g. E-Mail Ad earacena@sei			
13. Representative of the	Petitioner who w	ill accept aervic	ce of all pay	ers for	purposes of the rapre	entation proceedin	9.			
13a. Name and Tille Edg	138. Name and Tille Edgar Aracena, Vice President 13b. Address (street and number, city, state, and ZIP code) 77 Huyshops, Ave., 1st Ft., Hantord, CT 08108									
13c. Tel No. 13d. Cell No.					138. Fax No.		13f, E-Mail Add			
(860)261-6053 I declare that I have read t		973) 985-4313 n and that the s	latements	are true	401-457-5099 to the heat of my know	viedge and helief	earacena@sel	и и извивоогд		
Name (Print)		eture		7	T(le		Date			
Edgar Aracena	Sign	///	7	7	Vice President		2/28/20			
	SE STATEMEN	TE OU THIS DE	TITION-CAL		UNISHED BY FINE AND	IMPRISONMENT/II	& CODE TITLE	18 RECTION 1004)		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, felture to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (4-15)

> UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

1 11

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
257252	2 2 24					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Patition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2s. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) VNA OF CARE NEW ENGLAND 51 Health Lane, Warwick, RI 02886 3s. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME Jennifer Lee 3c. Tel. No. 3d. Cell No. 3e, Fex No. 3f. E-Mall Address 401-737-7050 401-732-6201 llee@vnacarenewengland.org 5a. City and State where unit is located; 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal product or service Home Health Health Care Multiple locations in Rhode Isand 6b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-line, regularly scheduled part time and per diem professional employees, including Physical Therapists Occupational Therapists, Speech Language Pathologists/Speech Therapists, Social Workers and Registered Dieticians. 6b. Do a substantial number (30% or more) of the employees in the Excluded: . As other employees including Registered Nurses, home health sides, all supervisors and managerial employees as defined by the Act. unit wish to be represented by the Petitioner? Yes / No Check One: 7a. Request for recognition as Bargaining Représentative was made on (Data) 2/28/20 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bergaining Agent (if none, so state). 8b. Address NONE Bc. Tel No. 8d Cell No Rf. F-Mall Address 8e. Fax No. eg. Affiliation, if any 8h. Date of Recognition or Certification 8). Expiration Date of Current or Most Repont Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO ____ If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Pelitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Call No. None 10e. Fax No. 10f. E-Mall Address 11. Election Detaile: If the NLRB conducts an election in this matter, state your position with respect to 11s. Election Type: / Manual Mail Mixed Manual/Mat any such election. 11b. Election Dale(s): 11c. Election Time(a): 11d. Election Location(s): Thursday, March 12th ,2020 6:00 am - 8:00 am and 4:30 pm - 5:45 pm WARWICK OFFICE - 51 Health Lane, Warwick , RI 02886 12s. Full Name of Patitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) NEW ENGLAND HEALTHCARE EMPLOYEES UNION DISTRICT 1199 319 Broadway, Providence, RI 02909 12c. Full name of national of international labor organization of which Politioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12e. Qell No. 12f. Fax No. 12g. E-Mall Address 973-985-4313 (860)251-6036 401-457-5099 earacene@selu1199ne.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 19a. Nama and Title Edgar Aracena, Vice President 13b. Address (street and number, city, state, and ZIP cods) 77 Huyshops, Ave., 1st Fl., Hartford, CT 05106 13d. Cell No. 13c Tal No. 13p. Fax No. 13f. E-Mall Address (860)251-6053 (973) 985-4313 401-457-5099earacena@seiu1199ne.org I declars that I have read the above petition and that the statements are true to the bast of my knowledge and belief. Nama (Print) Signature Date Vice President Edgar Aracena 2/28/20

WILLFUL FALSE STATEMENTS ON THE PERMION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN	THIS SPACE	
Case No. 01-RC-257349	Date Filed March 3, 2	020

CONTRACTOR CONTRACTOR			0.00		231343		March 3, 20	
the employer and all other	Filed using the Agency's web ated. The petition must be acc parties named in the petition RB 4812). The showing of int	ompanied by bot of: /1) the petitler	th a showing of interest (se	e 6b below) ar	nd a certific	ate of service she	owing service on	
1. PURPOSE OF THIS PETE bargaining by Petitioner as	TION: RC-CERTIFICATION OF nd Petitioner desires to be certifi at Labor Relations Board prod	REPRESENTATI	VE - A substantial number of	employees wis	h to be repr	esented for purpos	ses of collective	
2a. Name of Employer: Element South Wind	sor	2b. Address(80 Kimb	es) of Establishment(s) invol erly Drive, South W	ved (Street and indsor, CT	06074	ly, State, ZIP code):	
3a. Employer Representativ Joyce Ryan, Human	e - Name and Title: Resources Manager	3b. Address Same	(if same as 2b - state same):				,	
3c. Tel. No. 1-888-786-7555	3d. Cell No. 1-860-266-8538		Fax No. known	3f. E-Mail joyce.r		ment.com		
4a. Type of Establishment (Fa Testing Facility		4b. F No	Principal Product or Service n-destructive testing		South	wind State where un Windsor, C	oit is located:	
Excluded:	and III, Expeditors, S	ecretarys/adn	nin asst., Inspectors,	, Quality	74	er of Employees in		
on or about		(If no reply receive	d, so state).	0	repres	employees in the sented by the Petiti declined recogniti	unit wish to be loner? X Yes No	
8a. Name of Recognized or (r is currently recognized as Ban Certified Bargaining Agent (If I	geining Representa nane, so state)	ative and desires certification 8b. Address:	under the Act	C12/1W	Surves 615	Demains!	
8c. Tel. No.	8d. Cell No.	8e. F	ax No.	8f. E-Mail	8f. E-Mail Address			
8g, Affiliation, if any:		8h. Date	th. Date of Recognition or Certification 8. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
9. Is there now a strike or pick (Name of Labor Organizatio	eting at the Employer's establish	ment(s) involved?	No If so, approxi			es are participating yer since (Month, L		
 Organizations or individual individuals known to have a None 	s other than Petitioner and those a representative interest in any e	e named in items 8 employees in the u	and 9, which have daimed nit described in item 5b abov	recognition as r	enmeantath	es and other organ	nizations and	
10a. Name	10b Address			10c. Tel. N	o.	10d. Cell No.		
			10e. Fax N		0.	10f. E-Mail Addre	98\$	
11. Election Details: If the NL	RB conducts and election in this		position with respect to any	such election;	Charles .	The State of the S	Mixed Manual/Mail	
11b. Election Date(s): March 24, 2020	5:30 AM	Time(s): -8:30 AM and	d 2:00 PM-5:00 PM		11d. Election Localion(s): Conference room			
12a. Full Name of Petitioner International Associal Workers, District Lod	fincluding local name and numbrion of Machinists and lge 26, AFL-CIO	er): Aerospace	12b. Address (street a 300 Saybrook F					
12c. Full name of national or in International Associat	temational labor organization of tion of Machinists and	which Petitioner Is Acrospace W	an affiliate or constituent (if Vorkers, AFL-CIO	none, so state)	÷			
12d, Tel. No. 12e. Cell No. 860-752-9480 12e. Cell No. 860-752-9480					12g, F-Mai Addinas (b) (6), (b) (7)(C)			
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Nicholas A. Scotto, Special Representative								
13c. Tel. No. (929) 226-1724	13d. Cell No. (631) 219-4116	(646	6) 902-5720	nscotto(13f. E-Mail Address nscotto@iamaw.org			
	above petition and that the sta					7.9		
Name (Print) Nicholas A. Scotto		ure		Title Special Representative Date 3/3/2020				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or lifigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will turther explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

TIONAL LABOR RELATIONS BOARD	Case No.	04 00 05
RC PETITION	600-174	01-RC-25

DO NOT WRITE IN THIS SPACE							
Case No.	01-RC-257363	Date Filed 3-3-20					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 Exeter Rd. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1 Peter Pan Way RI Providence 02904 Travis Mills 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address travis mills@firstgroup.com (401) 521-0780 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Transportation Passenger Transportation Providence, RI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 14 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f F-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🗸 Manual 🗌 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 23, 2020 12:00 noon to 3:00 p m. A Rus 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Thomas G. Cute Jr. Amalgamated Transit Union Division 618 172 Longfellow Street 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
Amalgamated Transit Union 12g. E-Mail Address tcute@transitunion618.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (401) 785-4020 (401) 575-8238 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION 10000 New Hampshire Ave MD Silver Spring 20903-1790 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address dsmith@atu.org (301) 431-7100 (202) 714-4219 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Daniel B. Smith Assistant General Counsel 03/2/2020 09:36:19 Daniel B. Smith

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE						
Case		Date Filed				

Employees Included

All full-time and regular part-time drivers and supervisors employed by the Employer at its lot currently located in Exeter, Rhode Island

Employees Excluded

All professional employees, managers, and guards and supervisors as defined in the Act.

FORM NLRB-502 (RC) (2-10)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
1-RC-257458	March 5, 2020						

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/ , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: NETA Brookline 160 Washington Street, Brookline, MA 02445 3b. Address (if same as 2b - state same): SAME 3a. Employer Representative - Name and Title: Eric Holler 3f. E-Mall Address 3c, Tel. No. 3d, Cell No. 3e. Fax No. 617-841-7250 holler@netacare.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 45. Principal Product or Service Medical & Recreational Brookline, MA Marijuana Dispensary 6a, Number of Employees in Unit: 5b. Description of Unit involved: Included: 146 See Attached 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

☐ Yes ☐ No Excluded: See Attached Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a, Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, If any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c Tel No. 10d. Cell No. 10s. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: X Manual Mail Mixed Manual/Mail 11d, Election Location(s): 11b. Election Date(s): 11c, Election Time(s): 10AM to 2PM then 4PM to 6PM March 27, 2020 12a, Full Name of Petitioner (including local name and number): United Food & Commercial Workers, Local 1445 12b. Address (street and number, city, State and ZIP code): 30 Stergis Way Dedham, MA 02026 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state): United Food & Commercial Workers International Union, AFL-CIO, CLC 12f. Fax No. 781-461-0677 12g. E-Mail Address 12d. Tel. No. 12e, Cell No. 781-461-6775 info@ufcwlocal1445.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code):
Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Floor, Boston, MA 02109 13a. Name and Title; Alfred Gordon O'Connell, counsel 13f. E-Mail Address 13d. Cell No. 13e, Fax No. 617-367-7200 617-367-4820 agordon@pylerome.com re true to the best of my knowledge and belief. I declare that I have read the above petition and that the statements Name (Print) Signature 3/5/2020 Alfred Gordon O'Connell counsel

WILLFUL FALSE STATEMENTS ON THIS PETITION OAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

EXHIBIT A to RC PETIION UFCW 1445 AND NETA BROOKLINE BOX 5(B) – UNIT DESCRIPTION

Included: All Full-time and regular part-time employees working at the NETA Brookline in Brookline, Massachusetts

Excluded: All Casual employees, confidential employees, supervisors, managers, and guards

Michael Gates

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

· · · · · · · · · · · · · · · · · · ·	DO NOT WRITE IN THIS SPACE	
°01-RC-257461	Date Filed March 5	2020

3/5/2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Komatsu America Corp (f/k/a F&M Equipment) 283 Pane Road, Newington, CT 06111 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Angela Debro, Regional Human Resource Manager 2240 Bethlehem Pike, Hatfield Pennsylvania, 19440 3d. Cell No. 3f. E-Mail Address adebro@komatsuna.com 267-956-1963 215-852-6134 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Newington, CT Equipment Dealership Equipment Sales 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All parts counter and parts warehouse employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: All office clerical employees, professional employees, guards, and supervisors defined under the Act. unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 3/5/2020...... and Employer declined recognition on or about Check One: 3/5/2020 (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8f. E-Mail Address 8c Tel No 8d Cell No. Be. Fax No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? n/a If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) _ (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10a. Name 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b, Election Date(s): 11c Election Time(s) 7:00am-9:00am March 19, 2020 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1965 Dixwell Avenue, Hamden, CT 06514 Operating Engineers Local 478 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12f. Fax No. 12d. Tel No. 12e Cell No. michael.gates@local478.org 860-227-6200 203-230-4429 203-288-9261 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title John T. Fussell 13b. Address (street and number, city, state, and ZIP code) 333 East River Drive, Suite 101, East Hartford, CT 06108 13d. Cell No. 13f. E-Mail Address 13e Fax No 13c. Tel No. jfussell@cheverielaw.com 860-290-9610 860-305-4497 860-290-96.11 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print)

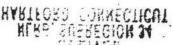
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Business Agent/Organizer

des

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings of the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.



FORM NLRB-502(RC) . (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE							
Case No. 01-RC-257565	3/6/2020						

RCPETHON							01-RC-257565 3/6/2020				
INSTRUCTIONS: Unless e-fil amployer concerned is locate the employer and all other pa Case Procedures (Form NLR)	ed. The petition rues named in	n must be accome the petition of:	opanied by (1) the net	both a si Ition: (2) !	howing of inter Statement of Pi	est (see 6) esition for	b below) an m (Form NI	d a certifica RR-505): ar	to of service	showing s	service on
PURPOSE OF THIS PETITIO bargaining by Petitioner and requests that the National I	Petitloner desir	es to be certified a	as represei	ntative of t	he employees.	The Petitio	ner alleges	that the fol	lowing circuit	nstances	offective exist and
2a. Name of Employer: Bob's Discount Furniture 428				o. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 28 Tolland Turnpike, Manchester, CT 06042							
3s. Employer Representative - Ed Soulier Vice President	3b. Addr Same	b. Address (if same as 2b - state same): arme									
3c. Tel. No. 860-645-3208	3d. Cell N	ro.		3e. Fax No	ó.		ed.soul	Address er@myb	obs.com		
49. Type of Establishment (Fact) Retail Facility	ory, mine, whol	esaler, etc.)		46. Princip Furnitu	nal Product or S IPE	Brvice	3	5a. City an Manch	ester, CT	unit is loc	ated:
5b. Description of Unit Involve Included: All regular full and par Excluded: All guards, professiona	t time war			8 999			acility.	6b. Do a s	of Employed ubstantial num employees in 1	nber (30%	th to be
Check One:	r recognition as ate) 03/ s currently reco	Bargaining Repr 05/20 (if r gnized as Bargair	esentative no reply rec ning Ropre	was made eived, so sentative s	on (Date)	02/25/2			ented by the F declined recog		⊠ Yes □ No
n/a									100		
io, Tel. Na.	8d, Çeli N	0.		8e. Fax No. 8f. E-Mail A			Address				
ag. Affiliation, if any:			8h.	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
). Is there now a strike or picketi (Name of Labor Organization)	ng at the Emplo	oyer's establishme	ent(s) invol	ved? No	If 80.				s are participa er since (Mon		ear)
Organizations or Individuals of individuals known to have a r	other Ihan Petit epresentative i	loner and those no nterest in any em	amed in Ite ployees in	ms 8 and the unit de	9, which have conscribed in item	laimed reco	gnition as r (If none, so	epresentativ state)	es and other o	organization	ns and
0s. Name		10b. Address					10c. Tel. N	ð.	10d. Cell No		
							. 10e. Fax No. 10f. E-M:			ail Address	
11, Election Details: If the NLRI	3 conducts and	election in this m	atter, state	your posi	tion with respec	t to any suc	ch election:	11a. Electio	n Type:	Mixed	Manual/Mail
1b. Election Date(s): 03/27/20		11c. Election Th 2:00pm-3:0		/109			11d. Election Confere	ence Room	n #2		,
Iza. Full Name of Petitioner (in U.F.C.W. Local 919		*		•	6 Hyde Ro	oad, Far	mington ,	, CT 060	ZIP code): 32		
2c. Full name of national or inte United Food & Comme	rnational labor ercial Wor	organization of wi kers	hich Petitio	ner is an a	offiliate or consti	tuent (if no	ne, so state,):		X SHEST	-
12d, Tel. No. 1860-677-9333	12e, Çell				7-9650		12g. E-Mei				
13. Representative of the Petiti 13a. Name and Title: J. William Gagne, Jr. Attorney	oner who will	accept service o		12h GARR	ess (street and a ess Street, 3	number dis	y, State and Hartford	CT 061	14		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
3c. Tel. No. 360-522-5049	13d. Cell			13e, Fax No. 13 860-561-6204 jv			13f. E-Mell Address jwgagne@snet.net				
declare that I have read the al	bove petition a	and that the state	ements an	true to the	he best of my !	1 m	e			_	Date 03/06/20
J. William Gagne, Jr.			pfell	Ma	sugy.	All	torney				00100140

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or httgatton. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

13c. Tel No.

860-290-9610

Name (Print)

Robert DiGirolamo

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
01-RC-257633	March 9, 2020			

13f. E-Mail Address

Date

3/9/2020

jfussell@cheverielaw.com

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 35 Corporate Drive, Trumbull, CT 06611 Sodexo 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Tom Russo, Director of Operations Same 3f. E-Mail Address 3e Fax No. 3d. Cell No. 203-459-2458 thomas.russo@sedexo.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Trumbull, CT Facility Management Maintenance of service plaza 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All maintenance employees. 6b. Do a substantial number (30% or more) of the employees in the Excluded: All office clerical employees, professional employees, guards and supervisors as defined under the Act. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 3/9/2020 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8c Tel No 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c. Tel. No. 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: Manual any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 35 Corporate Drive, Trumbull, CT 8:00am - 12:00pm March 30, 2020 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 1139 Fairfield Avenue, Bridgeport, CT, 06605 Teamsters Local 191 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address 12f Fax No. 12d. Tel No. 12e. Cell No. office@teamsterslocal191.com 203-449-1196 203-333-9112 203-368-0231 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title John Fussell, Attorney 333 East River Drive, Suite 101, East Hartford, CT 06108

Business Agent WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

13e. Fax No.

860-290-9611

860-305-4497

Signature

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 01-RC-257843 Date Filed 3-11-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) NSMC Healthcare, Inc. - Salem Hospital 81 Highland Avenue, Salem, MA 01970 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) David J. Roberts, M.D., President Same 3e. Fax No. 3f. E-Mail Address 978.741,1200 droberts1@partners.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Salem, Massachusetts Acute Care Hospital Hospital Services 5b. Description of Unit Involved 6a. No. of Employees In Unit: 1100 Included: See attached 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See attached Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) 3/10/2020 Check One: _(Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8f. E-Mail Address Be, Fax No. 8i, Expiration Date of Current or Most Recent. 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10a, Name 10b Address 10c Tel No. 10e. Fax No. 10f. E-Mall Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): March 25, 2020 5am - 8am and 1pm - 4pm Davenport 102A & B 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 108 Myrtle St, Quincy, MA 02171 1199SEIU United Healthcare Workers East 12c. Full name of national or international labor organization of which Pelitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (617) 474-7140 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Ian O. Russell, Counsel 13b. Address (street and number, city, state, and ZIP code) 2 Liberty Square, 10th Floor, Boston, MA 02109 13d. Cell No. 13c, Tel No. 13e, Fax No. 13f. E-Mall Address 617-367-7200 Irussell@pylerome.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Signature lan Russell Counsel for Petitioner 3/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1199SEIU United Healthcare Workers East and Salem Hospital NLRB Petition

Attachment A

Included: All full-time and regular part-time (including eligible per diem) service and maintenance employees ("all other non-professionals," for purposes of the NLRB's acute care hospital bargaining unit rules) who have regularly worked an average of at least eight hours per week during the 13 week period preceding approval of a consent election agreement or direction of an election by the Regional Director and are still on the payroll at the time of voting.

Excluded: All other employees, including managers, supervisors, confidential employees, guards, physicians, nurses, all other professionals, technical employees, business office clericals, skilled maintenance, employees of outside registries and other agencies supplying labor to the Hospital, "research assistants" or functionally similar positions, all already represented employees and per diem employees who have not regularly worked an average of at least eight hours per week during the 13 week period preceding approval of a consent election agreement or direction of an election by the Regional Director.

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
01-RC-257856	3/11/2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): LinCare Inc. 53 Capital DR. West Springfield MA 01089 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Erica Rivera Suttles Same 3c Tel No 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (413) 734-2562 (413) 734-1242 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Healthcare West Springfield MA Healthcare products 5b. Description of Unit Involved: 6a. Number of Employees in Unit. Included: Healthcare Specialists, Customer Service Representatives and Service Representatives. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes All other employees including Managers, Supervisors, Sales Representatives and Guards as define in 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (if no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: × Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) 03/30/2020 TRD West Springfield Facility 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): International Brotherhood of Teamsters Joint Council 10 New 544 Main St. Boston MA 02129 England 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters Joint Council 10 New England 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (617) 241-3989 (857) 274-0750 (617) 241-7512 mdepina@teamstersjointcouncil10.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, State and ZIP code): Milton Depina Organizer 544 Main St. Boston MA 02129 13c. Tel. No. 13d, Cell No. 13e Fax No 13f F-Mail Address (617) 241-3989 (857) 274-0750 (617) 241-7512 mdepina@teamstersjointcouncil10.com dge and belief. I declare that I have read the above petition and that the statements die true to the best of the knowle Name (Print) Signature Date Milton Depina Organizer 03/11/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. \$ 15 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.		Date Filed		
01-RC-257	875	3-11-20		

					01-86-	20101	,		
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form Ni	ated. The petition must parties named in the pe	be accompanied i tition of: (1) the p	by both a s etition; (2)	howing of intere Statement of Po:	st (see 6b below) ar sition form (Form N	nd a certifica LRB-505); ai	ite of service showing and (3) Description of	g service on Representation	
PURPOSE OF THIS PET bargaining by Petitioner a requests that the Nation	nd Petitioner desires to be	e certified as repres	entative of	the employees. T	he Petitioner allege:	that the fol	lowing circumstance		
2a. Name of Employer: Hilton Garden Inn East Boston			dress(es) of Boardma	Establishment(s) an Street, Bo	involved (Street and eston, MA 0212	number, Cit 28	y, State, ZIP code):		
3a. Employer Representation Kevin Buchannan, C		3b. Ad same		ne as 2b - state s	ame):		- 5		
3c, Tel. No. 857-256-2222				o. 1-0798	3f. E-Mail Kevin.		an@hilton.com		
4a. Type of Establishment (Fit Hotel	actory, mine, wholesaler,	etc.)		pal Product or Se odation	rvice	5a. City a Boston	nd State where unit is n, MA	located:	
5b. Description of Unit Invo Included: see attached	lved:	*	•	4		6a. Numb 32	er of Employees in Un	it:	
Excluded:						of the repres	substantial number (30 employees in the unit ented by the Petitione	wish to be	
on or about	t for recognition as Bargai (Date) no reply recei- er is currently recognized Certified Bargaining Ag	ved (If no reply as Bargaining Rep	received, so resentative	state).			declined recognition		
none									
8c. Tel. No.	8d. Cell No.		8e. Fax N	Ô.	8f. E-Mail	Address			
8g. Affiliation, if any:		8	h. Date of F	Recognition or Ce			urrent or Most (Month, Day, Year)		
9. Is there now a strike or pick (Name of Labor Organization)	the first the state of the	stablishment(s) inv	olved? No	If so, a	pproximately how ma , has pickete		es are participating? er since (Month, Day,	Year)	
10. Organizations or individual individuals known to have							es and other organiza	tions and	
10a. Name	10b. /	Address			10c, Tel. 1	lo.	10d. Cell No.		
					10e. Fax 1	10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the N	LRB conducts and electio	on in this matter, sta	te your pos	ition with respect	to any such election:	11a. Electio		red Manual/Mail	
11b. Election Date(s): April 2, 2020	7:00	Election Time(s): 0-8:00am, 1:0	0-4:30p	m		ion Location(Revere R			
12a. Full Name of Petitioner UNITE HERE Local		d number);		12b. Address (s 101 Station Medford, N	treet and number, cit Landing, 4th MA 02155	ly, State and Floor	ZIP code):		
12c. Full name of national or UNITE HERE	international labor organiz	zation of which Peti	tioner is an	affiliate or constitu	uent (if none, so state):			
12d. Tel. No. 617-832-6699	12e. Cell No. 857-272-53			6-7684	the second secon	er@local	26.org		
13. Representative of the Po 13a. Name and Title: Michael T. Anderson	titioner who will accept	t service of all pap	13b. Addr 33 Harr		umber, city, State and				
13c, Tel. No. 13d, Cell No. 617-227-5720 617-279-3965		13e. Fax 1 617-22	No. 7-5767		13f. E-Mail Address manderson@murphypllc.com				
I declare that I have read th	e above petition and tha		re true to t	he best of my kr				Te v	
Name (Print) Michael Kramer Signature					Organizin	Organizing Director		Date 03/11/20	

This is a petition for a residual election under Armour & Co., 40 NLRB 1332 (1942) and Globe Machine & Stamping, 3 NLRB 294 (1937), under Casehandling Manual ¶ 11091.2(a). Petitioner currently represents 27 employees in the Housekeeping (including Room Cleaners and Housepersons) and Guest Service Attendants (Bellperson, Doorperson) classifications in the Hotel. Petitioner seeks an Armour-Globe election among all remaining non-supervisory employees in the Hotel, including all Food and Beverage, Front Desk, and Maintenance classifications, but excluding statutory supervisors and guards, to be added to the existing unit.

FORM NLRB-502 (RC) (2-18)

Name (Print)

Nancy ladeluca

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		
01-RC-257923	3-12-20		

Date 3/11/20

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Compass Group d/b/a Chartwells 90 Pleasant View Ave. Smithfield, RI 02917 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Lori Richard same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 401-231-8662 Lori.Richard@Compass-USA.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Public School Food Service K-12 Food Service Smithfield, RI 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time food service workers in Smithfield, RI K-12 School District Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🗵 Yes 🗌 No all other classifications including clericals, guards and supervisors Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) March 5 and Employer declined recognition No Reply on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8f. E-Mail Address 8d. Cell No. 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a. Name 10b Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): April 2 2:30-3:30 90 Pleasant View Ave Cafeteria 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 172 Longfellow Street Providence, RI 02907 UniteHere Local 26 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UniteHere International Union, AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 401-528-1103 617-543-2851 401-528-1177 Niadeluca@local26.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Michael T. Anderson 33 Harrison Ave. 7th FI, Boston, MA 02111 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address 13e Fax No. 617-227-5720 617-227-5767 manderson@murphypllc.com

RI Director

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RCP

DO NOT WRITE IN THIS SPACE

Date Filed

and the latest and th	5000 1101
PETITION	01-RC-2579

982 3-13-2020 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishmenl(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Mayflower Medicinals 89 October Hill Road, Holliston, MA 01746 3a. Employer Representative - Name and Title: 3b, Address (if same as 2b - state same): Jackson, Lewis, 44 South Broadway 14th Floor, New York, NY 10601 Thomas McDonough, Esquire 3c. Tel. No. 3d. Cell No. 3e, Fax No. 3f. E-Mail Address 914-872-8060 914-946-1216 Thomas.McDonough@jacksonlewis.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Marijuana Dispensary Medical and Recreational Holliston, MA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: SEE ATTACHED 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

Yes Excluded: SEE ATTACHED Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any; 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): United Food & Commercial Workers Union, Local 1445 30 Stergis Way, Dedham, MA 02026 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state): United Food & Commercial Workers Union Local 1445, AFL-CIO 12d. Tel. No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address 781-461-6775 781-461-0677 INFO@UFCWLOCAL1445.ORG 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): Pyle Rome Ehrenberg PC, 2 Liberty Square, 10th Fl, Boston MA 02109 13a. Name and Title: Alfred Gordon O'Connell, Counsel 13e. Fax No. 13d. Cell No. 13c. Tel. No. 13f. E-Mail Address 617-367-7200 617-367-4820 agordon@pylerome.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Date Alfred Gordon O'Connell Counsel 3.13.2020

EXHIBIT A to RC PETIION UFCW 1445 AND MAYFLOWER MEDICINALS BOX 5(B) – UNIT DESCRIPTION

Included: All full-time and regular part-time non-professional employees at Mayflower Medicinal facility in Holliston, Mass., but

Excluded: all managers, confidential employees, supervisors, agricultural employees, and guards.

FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No. Date 1

01-RD-257448 3/5

3/5/2020

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov/], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Compass Group Boston Logan International Airport, 1 Harborside Dr., East Boston, MA 02128 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2400 Yorkmont Road, Charlotte, NC 28217 Ashleigh Ciulla 3d. Fax No. 3e. Cell No. 3c Tel No 3f. E-Mail Address 704-928-8599 ashleigh.ciulla@compass-usa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Food and beverage Service provider 5a. Description of Unit Involved 5b. City and State where unit included: is located: East Boston, MA All full-time and regular part-time employees employed by the Employer, in its food and beverage operation Office clerical ees, professional ees, managerial ees, chefs, temporary ees, guards and supervisors 6. No. of Employees in Unit 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any UNITE HERE Local 26, AFL-CIO Bc Address 8d. Tel. No. Be. Cell No. 101 Station Landing 4th floor, Medford MA 02155 617-832-6699 8f. Fax No. 8g. E-Mail Address 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification December 31, 2019 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Tyes 🗵 No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations none and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12d. Fax No. 12c, Tel. No. 12b. Address 12e. Cell No. 12f E-Mail Address 13. Election Details: If the NLRB conducts an election in this 13a, Election Type: X Manual Mail Mixed Manual/Mail matter, state your position with respect to any such election 13c. Election Time(s) 13d. Election Location(s) 13b. Election Date(s) March 20, 2020 11:30 AM - 1:30 PM Store Room 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14b. Tel. No. number, city, state, ZIP code) 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14d. Cell No. 14e, E-Mail Address (b) (6), (b) (7)(C) 14f. Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title 15a. Name 15d. Tel. No. 15e. Fax No. 15c. Address (Street and number, city, state, ZIP code) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15f. Cell No. 15g. E-Mail Address (b) (6), (b) (7)(C) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. ^s(b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 2/2020

TS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1601)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DON		
Case No. 02-RC-257605	Date Filed 3-6-20	

INSTRUCTIONS: Unless a File	ducing the Agenc	was washaita wa	unu nish nav auhmit	an arininal of this	Da4/4/a = 4= =	- MI DD - Win- In the Don't	
INSTRUCTIONS: Unless e-File	a using the Agent	s s website, w	ww.nirb.gov, submit a	an original of this	s Petition to a	n NLRB oπice in the Region	
in which the employer concern	the employer and	e petition must	be accompanied by	noth a snowing o	of interest (se	e bb below) and a certificate	
of service showing service on	the employer and	all other partie	s named in the petition	on of: (1) the peti	tion; (2) State	ment of Position form	
(Form NLRB-505); and (3) Des	cription of Repres	entation Case i	Procedures (Form NL	RB 4812). The s	howing of inte	erest should only be filed	
with the NLRB and should not	be served on the	employer or an	y other party.				
PURPOSE OF THIS PETITION: Rebargaining by Petitioner and Petition requests that the National Labor	ner desires to be certifi	ied as representati	ve of the employees. The	Petitioner alleges ti	hat the following	circumstances exist and	
2a. Name of Employer	reducióno Boura proc		dress(es) of Establishmen				
City Bar Justice Center		. 43	2 West 44th St. Y New York 10036-			,	
3a. Employer Representative - Nam	e and Title	N	3b. Address (If same as	s 2b - state same)			
Lynn Kelly			42 West 44th St. NY New York 100	36-	• * * * * * * * * * * * * * * * * * * *		
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess	
(212) 382-6727					tkelly@nycbar.or		
4a. Type of Establishment (Factory, m	ine, wholesaler, etc.)	4b. Principal pro	duct or service	10	5a. City a	and State where unit is located:	
Legal			Legal aid offered to New	Yorkers		New York, NY	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for a	dditional details				1	8	
					4	6b. Do a substantial number (30% or more) of the employees in the	
Excluded: See Attached Page 2 for a	dditional details					unit wish to be represented by the	
						Petitioner? Yes [] No []	
Check One: 7a. Request	for recognition as Barg	aining Representa	tive was made on (Date) _	an	d Employer decli	ned recognition on or about	
	(Date)	(If no reply received	d, so state).				
			epresentative and desires	certification under the	Act.		
8a. Name of Recognized or Certified	Bargaining Agent (If	none, so state).	8b. Address				
8c. Tel No.	8d Cell No.		. 8e. Fax No.		8f. E-Mail Addr		
oc. Ter No.	od Cell No.		, de. Fax No.		or. E-Iviali Addi	ess	
8g. Affiliation, if any			8h. Date of Recognition or	Certification	8i. Expiration D	ate of Current or Most Recent	
		1			Contract, if any	(Month, Day, Year)	
9. Is there now a strike or picketing at t	he Employer's establis	hment(s) involved	? No If so, approx	imately how many en	nployees are par	ticipating?	
(Name of labor organization)		, has pick	eted the Employer since (I	Month, Day, Year)			
10. Organizations or individuals other t					resentatives and	other organizations and individuals	
known to have a representative interes	t in any employees in t	he unit described i	n item 5b above. (If none,	so state)			
10a, Name	10b Add	trocc		10c. Tel. No.		10d. Cell No.	
Toa. Name	100. 400	b. Address		Toc. Tel. No.		Tou. Cer No.	
	45			10e. Fax No.		10f. E-Mail Address	
				45			
 Election Details: If the NLRB con- any such election. 			r position with respect to	11a. Election Type		Mail Mixed Manual/Mail	
11b. Election Date(s): March 19, 2020		ection Time(s):		11d. Election Local	ation(s): ence Room, 42 West 44th St. New York, NY		
12a. Full Name of Petitioner (including		2:30p; 2:30p-5:30p				ity, state, and ZIP code)	
Grace Reckers Office and Professional Employees Internation	al Union, Local 153, AFL-	CIO .		265 W 14th St. Suite NY New York 10011			
12c. Full name of national or internation Office and Professional Employees Inte	rnational Union, AFL-C	of which Petitioner		(if none, so state)			
12d. Tel No. 12e. Cell No. 12f. Fax No.				12g. E-Mail Address greckers@opeiu.org			
(925) 389-8168	who will passent somi	as of all manage fo	a nursana aé tha ransa	antation proceeding			
13. Representative of the Petitioner v 13a. Name and Title	wno will accept service	ce of all papers to	1 13b. Address (street and	나 되었다면서 하면 얼마나 있다면 그 아이를 되었다. ^^^			
13a. Name and Tibe			130, Address (street and	mulliber, city, state,	and zir code)		
13c Tel No	13d. Cell No.		13e. Fax No.	13f. E-Mail Address		ress	
13c. Tel No. 13d. Cell No. 1			106, 1 ax 110.	. 131. E-IVIAII AUGIESS		1555	
I declare that I have read the above p	etition and that the s	tatements are tru	e to the best of my know	ledge and belief.			
Name (Print)	Signature		Title	-	Date		
Grace Reckers Organizer		03/6/2020 08:35:17		70			

03/6/2020 08:35:17 Grace Reckers WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO N	IOT WRITE IN THIS SPACE
Case	Date Filed
02-RC-25760	05 3-6-20

Employees Included

All nonprofessional employees employed by the employer, including Project Coordinators and Senior Project Coordinators.

Employees Excluded

All attorneys, managers, confidential employees, temporary employees, and supervisors as defined by the Act.

Katchen Locke

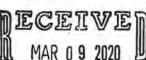
UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed .			
02-RC-257691	3-9-20			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 360 East 89th Street, New York, NY 10128 Citizen 360 Condominium 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 770 Lexington Ave, New York, NY 10065 Senada Palaj 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. spalaj@halstead.com 212-396-8265 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service New York, NY 10002 Residential building **Building services** 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All building service workers 6b. Do a substantial number (30% or more) of the employees in the Excluded: Statutory guards and supervisors unit wish to be represented by the Petitioner? Yes / No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8d Cell No. 8f. E-Mail Address Bc. Tel No. Bi. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail 11b. Election Date(s): Nearest Wednesday 11d. Election Location(s): 11c. Election Time(s): **Employer Lounge** 2:30pm-3:30pm 12b, Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 25 West 18th Street New York, N.Y. 10011 SEIU LOCAL 32BJ 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU 12g. E-Mail Address 12f. Fax No. 12d. Tel No. 12e. Cell No. 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, stale, and ZIP code) 13a, Name and Title Katchen Locke, Attorney 25 W. 18th Street, New York; NY, 10011 13f. E-Mail Address -13d. Cell No. 13e Fax No 212-388-2062 Klocke@seiu32bj.org 212 539 2941 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO N	OT WRITE IN THIS SPACE
Case No.	Date Filed
02-RC-257861	3-9-20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should nots be served on the employer or any other party.

				RB 4812). The s	howing of int	erest should only be filed	
with the NLRB and should 1. PURPOSE OF THIS PETITIO bargaining by Petitioner and requests that the National I		REPRESENTAT ed as representat	IVE - A substantial number ive of the employees. The	Petitioner alleges th	nat the followin	g circumstances exist and	
2a. Name of Employer	Labor Relaciona Dourd proc	2b. A	ddress(es) of Establishmen				
Greyhound	A C 49 E	6	25 8th Avenue NY New York 10018-				
3a. Employer Representative	- Name and Title		3b. Address (If same as				
Leonard Ellis	L ad Call Ma		625 8th Avenue NY New York 100 3e. Fax No.	18-	3f. E-Mail Add	1000	
3c. Tel. No. (212) 971-6338	3d, Cell No.		Se. Fax No.		Leonard.Ellis@f		
4a. Type of Establishment (Fact	ory, mine, wholesaler, etc.)	4b. Principal pro	oduct or service			and State where unit is located:	
Service		129. ; Milesen Ex	ticketing and customer s	ervices		New York, NY	
5b. Description of Unit Involve	ed					6a. No. of Employees in Unit:	
Included: See Allached Page	2 for additional details					60	
	2 for additional details				7.0	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No []	
	equest for recognition as Barg(Date) titioner is currently recognize	(If no reply receive	ed, so state).	79 to 17 to 10	Contract of	lined recognition on or about	
8a. Name of Recognized or Ce							
8c. Tel No.	. 8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any		= 71	8h. Date of Recognition of	r Certification		Date of Current or Most Recent y (Month, Day, Year)	
9. Is there now a strike or picket (Name of labor organization) 10. Organizations or individuals known to have a representative	other than Petitioner and tho	, has pic	keted the Employer since (ed recognition as rep		d other organizations and individuals	
10a, Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.	
				10e, Fax No.		10f, E-Mail Address	
11. Election Details: If the NLF any such election.	RB conducts an election in thi	s matter, state yo	ur position with respect to	11a. Election Type	: 71 Manual [Mail Mixed Manual/Mail	
11b. Election Date(s):	0	ection Time(s):		11d. Election Location(s): MAIN BREAK ROOM			
12a. Full Name of Petitioner (i GILBERTO MENDOZA Local 660 UWA	ncluding local name and nu	ımber)		12b. Address (street and number, city, state, and ZIP code) 100 SOUTH BEDFORD ROAD SUITE 340 NY MT KISCO 10549-			
12c. Full name of national or into New York	ernational labor organization	of which Petitione	r is an affiliate or constituen	it (if none, so state)			
12d. Tel No. (646) 355-5291	12e, Cell No. (646) 355-5291		12f. Fax No.		12g. E-Mail Address GILBERTOTITOMENDOZA@HOTMAIL.COM		
13. Representative of the Petit 13a. Name and Title	tioner who will accept servi	ce of all papers t	for purposes of the repres 13b. Address (street and	sentation proceeding d number, city, state,	g. and ZIP code)		
13c, Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	dress	
I declare that I have read the a	bove petition and that the	statements are tr	rue to the best of my know	vledge and belief.	,		
Name (Print)	Signature GILBERTO MENDO	OZA	Title . President		Date 03/9/2020	Date 03/9/2020 11:31:20	
GILBERTO MENDOZA	GILDER TO IVIENDODA President				DUIGIEUEU	THE SECRET LESS	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
02-RC-257861	3-9-20	

Employees Included all full and part time ticketing and customer services employees

Employees Excluded
MANAGERS, SUPERVISORS AND ALL ACCORDING TO THE ACT

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 02-RC-258153

DO NOT WRITE IN THIS SPACE
Date Filed
3/12/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Millennium Tower Residences 30 West Street, New York, NY, 10004 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Patrick Crotty (Resident Manager) 99 Battery Pl. New York, NY 10280 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (646)884-5110 (212) 732-3570 Pcrotty@milfordmgmt.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Residential Building **Building services** New York, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All building service workers 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the statutory guards and supervisors Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8f. E-Mail Address 8d Cell No. Se Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year). 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10a. Name 10b. Address 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): nearest Monday 6:30-7:30 am, 2:30pm-3:30pm Break Room- 30 West Street, New York, NY, 10004 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) SEIU Local 32BJ 25 West 18th Street, New York, NY 10011 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIL 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Katchen Locke, Attorney 13b. Address (street and number, city, state, and ZIP code) 25 West 18th Street, New York, NY 10011 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 13c. Tel No. 212 539 2941 klocke@seiu32bi.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE ANY IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

un

Abtorner

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No.	02-RC-258334	Date Filed	03/23/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 185 West Broadway, New York, NY 10013 Safe Passage Project 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Rich Leimsider. Executive Director Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (212) 324-6558 rleimsider@safepassageproject.org 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service New York, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See addendum 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes ✓ No Request for recognition as Bargaining Representative was made on (Date) 3/16/20 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Manual ✓ Mail 11a. Election Type: Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 4/1/20 - 4/10/20 N/A N/A 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 50 Broadway, Suite 1600 NY, NY 10004-3817 UAW Local 2325 - Association of Legal Aid Attorneys (AFL-CIO) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) United Auto Workers, AFL-CIO 12d. Tel No. 12e, Cell No. 12f. Fax No. 12g. E-Mail Address (212) 343-0966 (212) 343-0708 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Allyson L. Belovin, Attorney 13b. Address (street and number, city, state, and ZIP code) Levy Ratner, P.C., 80 Eighth Avenue, 8th Floor New York, NY 10011 13c. Tel No. 13d Cell No. 13e Fax No. 13f E-Mail Address (212) 627-8100 (646) 326-9096 (212) 627-8182 abelovin@levyratner.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Allysn & Beli Attorney Allyson Belovin March 23, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ADDENDUM TO RC PETITION

Petitioner - UAW Local 2325 - Association of Legal Aid Attorneys

<u>Description of Unit Involved:</u>

Unit description (with job classifications):

Included: All full-time and regular part-time workers employed by the Employer including but not limited to Paid Fellow, Legal Clerk, Operations Assistant, Operations Associate, Senior Operations Associate, Development Associate, Paralegal, Program Associate, Senior Staff Attorney, Social Worker, and Staff Attorney

Excluded: Managing Attorney, Supervising Attorney, Deputy Executive Director, Legal Director, Executive Director, Supervising Social Worker, Development Manager, Head of Finance and Operations, Director of People and Operations, interns, guards, confidential employees, supervisors and managerial employees.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
3-RC-257541	March 6, 2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 650 Airborne Parkway NY Buffalo 14221-Visiting Nursing Association of Western New York 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 650 Airborne Parkway NY Buffalo 14221-Paul Coleman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (716) 630-8766 pcoleman@kaleidahealth.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Home healthcare provider Buffalo, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 4 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/27/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Monday, March 16 650 Airborne Parkway, Elizabeth Coe conference room 11am - 2pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Theresa Shaffer
Theresa Shaffer Communications Workers of America, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Communications Workers of America, AFL-CIO 12g. E-Mail Address hshaffer@cwa-union.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (716) 310-9352 (716) 824-2159 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Amy Young Esq. District 1 Legal Counsel Communications Workers of America, AFL 80 Pine St. 37th Floor NY New York 10005-13c. Tel No. 13d Cell No 13e. Fax No. 13f. E-Mail Address ayoung@cwa-union.org (212) 344-2515 (917) 796-1158 (212) 425-2947 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Theresa Shaffer Lead Organizer 03/5/2020 16:54:16 Theresa Shaffer

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included See attached page 2 for details

Employees Excluded See attached page 2 for details

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and regular part time pharmacists employed by the employer at the Visiting Nursing Association of Western New York. NOTE: Petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2017-2020 agreement with the Visiting Nursing Association of Western New York per Article 1, Section 1.1.1 "Bargaining Unit."

Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
3-RC-257555	March 6, 2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 650 Airborne Parkway NY Buffalo 14221-Visiting Nursing Association of Western New York 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 650 Airborne Parkway NY Buffalo 14221-Paul Coleman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (716) 630-8766 pcoleman@kaleidahealth.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Home healthcare provider Buffalo, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 12 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/27/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Ballots to be mailed out on the 12th of March 11c. Election Time(s): 11d. Election Location(s): Ballots to be returned by the 19th of March Ballots to be mailed to workers' home addresses 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Theresa Shaffer
Theresa Shaffer Communications Workers of America, AFL-CIO 821 Elk St. Suite B 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Communications Workers of America, AFL-CIO 12g. E-Mail Address hshaffer@cwa-union.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (716) 310-9352 (716) 824-2159 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Amy Young Esq. CWA District 1 Legal Counsel Communications Workers of America, AFL-CIO 80 Pine St. 37th Floor NY New York 10005-13c. Tel No. 13d Cell No. 13e. Fax No. 13f F-Mail Address ayoung@cwa-union.org (212) 344-2515 (917) 796-1158 (212) 425-2947 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Theresa Shaffer Lead Organizer 03/5/2020 17:04:21 Theresa Shaffer

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included See attached page 2 for details

Employees Excluded See attached page 2 for details

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and regular part time coding specialists and clinical documentation specialists employed by the employer at the Visiting Nursing Association of Western New York. NOTE: Petition seeks an Armour-Globe election to include the petitioner for employees in the party's existing collective bargaining unit as described in the 2017-2020 agreement with the Visiting Nursing Association of Western New York per Article 1, Section 1.1.1 "Bargaining Unit."

Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
3-RC-257840	March 11, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 726 Exchange Street Floor 2 NY Buffalo 14210-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 726 Exchange Street Floor 2 NY Buffalo 14210-Robert Heftka Esq. 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (716) 859-8602 (716) 859-8670 RHeftka@kaleidahealth.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Buffalo, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 41 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:
Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 4/2/2020 Buffalo General Medical Center (1st and 3rd session), Millard Fillmore Su Buffalo General 8:00a-10 00a & 2:00p-4:00p, Millard 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Ann Converso
Communications Workers of America AFL-CIO Local 1168 1900 sweet home road NY Amherst 14228-12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Communications Workers of America AFL-CIO 12g. E-Mail Address aconverso@cwa1168.org 12d. Tel No. 12e Cell No. 12f. Fax No. (716) 639-9100 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Amy Young Esq. District 1 Counsel Communications Workers of America AFL-CIO 80 Pine Street 37th Floor NY New York 10005-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address AYoung@cwa-union.org (212) 530-4744 (917) 796-1158 (212) 425-2947 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizer Ann Converso 03/11/2020 09:54:12 Ann Converso

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and regular part time employees including clinical lab instrument specialists, advanced imaging system engineers, biomedical equipment information network specialists, biomedical equipment technician 1's, biomedical equipment technician 2's, biomedical equipment technician 3's, and medical equipment processing technicians in the systemwide Kaleida Health Biomed Clinical Engineering Department employed by the employer.

Employees Excluded

All other employees, including casual, guards, and supervisors as defined by the act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
3-RC-258061	March 17, 2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 440 Warren St. NY Syracuse 13202 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 440 Warren St. NY Syracuse 13202 Chedy Hampson 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (315) 416-9881 chedy@tcgplayer.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Retail (Catalog & Mail Order) E-Commerce Sales Syracuse, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 96 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Élection Date(s): Ballots mailed April 13th, ballots due back April 11c. Election Time(s): 11d. Election Location(s): Mail Mail 12a. Full Name of Petitioner (including local name and number)
Chris Machanoff
Service Employees International Union Local 200United 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Service Employees International Union 12g. E-Mail Address Cmachanoff@local200united.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (585) 880-3345 (585) 464-8684 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director Chris Machanoff 03/16/2020 14:47:18 Chris Machanoff

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE					
Case Date Filed					
3-RC-258061	March 17, 2020				

Employees Included

All fulfillment center warehouse employees located at the TCGPlayer Syracuse location.

Employees Excluded

All supervisors, clerical employees, office employees, confidential employees, team leads, directors, managerial employees and guards as defined by the act.

	0.000000000		e 100			no am'	WRITE IN TH	IA SPACE	
FORM NIPE-862 (RC) (3-16)		UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD				puns	ALUM E IN TH	Date Flad	
(A.14)		RC PETITION				C-25806	2	3/17/2020	
amployer outcarned is loca the employer and all other s	Hed using the Agency's web ted. The petition must be so selles maked in the polition RB 4812). The showing of int	of: (1) the p	by both a wiltion: (2	showing of inter-) Statement of Po	hal of this Pat at free 6b bet altion form (Fe	tion to an MLRE out and a certifi own HLRE-505);	office in the l cate of service and (3) Descri	Region in walch the aboving service on plion of Representation	
1. PURPOSE OF THIS PETE	ION: RC-CERTIFICATION OF Pessioner deskan to be certifi Lebot Refations Sound proc	REPRESE	HYATIVE .	A substanted num	ber of employe	es wish to be rap	resented for pa	reposes of collective	
2s, Hame of Employers				al Establishmanika					
Empire Merchants No	orth, LLC	163	Loughta	ling Road, W	est Coxsa	ckie, NY 12	192		
Ja, Employar Representative Tony Amal Etamo, Di	ALTO A DESCRIPTION OF THE PROPERTY OF THE PROP	3b. Ad Sam		ema os 26 - stato s	tame);		4	alfohanade	
					-		100	of charge	
1-800-724-3960	1-315-952-6134			31-5300	tar	nalfitation			
4s. Type of Establishment (Fed Wholesaler				shel Product or Se and Liquor	rivice	West (Coxsackie, N		
sh, pascription of Unit brook Included: See attached sheet	red:					60. Num	iber of Employ	nes in Unit	
Excluded:						6b. Do a	substantial re a employeea ke mented by the	mber (30% or gions) the unit wish to be Patitionar? X Yes N	
on or about [or recognition as Burgaining R Dole) no terply	W ao reply	racetivad, s	o state).	16/2020	and Employ	er ductioned Pace	golion	
8s, Nemo of Recognited or C	is currently recognized as Bar			e ond desires conti Address:	leafon undar D	Ha Ack	-		
Teamsters Local 294,		norto, an alo	11.0	O Third Street	t, Albany,	NY 12206	1		
fg, Tel. No.	6d, Outli No.	-	BB. FEA	400000000000000000000000000000000000000	1.4	Hell Address	Total Contract		
518-489-5436	518-227-4410			53-9251	mdegeno@tenmsters294.org				
eg, Affiliano, fany: International Brotherb		12	25+ yea		Rep	ent Contract, Was	y (Month, Day	Year) 02/28/2022	
1 is there now a strike or picks (Name of Labor Organization		menua) inv	alvegs N	O Z Vao, e		ow many employs Ichaind the Empl			
	other than Petitianet and thos representative Interest in any						tvos and other	organications and	
None na. Maros	10b, Address	-	_		100,	Tel. No.	Ton Cell N		
					100,	Fex No.	10f. E-Mull Address		
II. Election Catallet II the NUR	8 conducts and election in this	matlet, sin	te your por	Man with respect	o any such els	ction: [11s, Elect	Ion Type:		
MANUAL AND	20 15 CEST W-10 AC	2000	or or co		0.00	1	del [Mail	FeMiloural basilia	
April 9, 2020	TBD				Eir	player Faci	lity		
2a. Full Hems of Politioner & Learnsters Local 294,		er):				er, cay, Stelle entany, NY 12:			
2c. Full sema of national or ini- international Brotherh		twitch Pour	loner is an	silluate of consult	ed (Mone, so	state):			
2d. Tal. No.	128. Coll No.	-	TEL Fex			E-Mell Address			
18-489-5436 3. Representative of the Pain	518-227-4410			53-9251		egano@teat	nsters294.	org	
Ja. Name and Tida:	TOISEL MUC MAI SCEOUL BALAIC	e ne en babe		moses of the tape rate (sires) and no					
Bruce C. Bramley, Esq.				c Street, Alban					
Sc. Tel. No.	13d. Call No.	-	10a. Fax			Hall Address			
18-434-2622	518-424-4426			34-0048		amley@pbr	nlaw,net		
dealers that I have reed the a	Signs	arementa bi	A Anna la	the best of my len	Tile	relief.	-	Date	
Michael Degano	3411	1	18			ss Agent		3-16-2	
		1		-					

WILL FALSE STATEMENTS ON THIS PETRION CAN SE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 16, SECTION 100 T)
PRIVACY AST STATEMENT

Solicitation of the information on this form is such prized by the Hallons Labor Relations ACTIONAL, 29 U.S.C. § 151 at any. The principal use of the information is to satisfate National Labor Relations Board (NURB) in processing representation and related proceedings or Righton. The routine cases for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74962-43 (Dec. 13, 2006). The NURB will can be used upon request. Disclosure of this information to the NURB is voluntary; however, failure to supply the Information any cases the NURB to decline to invoke its processes.

5b. Description of Unit Involved:

Included: All full-time and regular part-time administrative warehouse clerks including inventory clerk, receiving clerk, night administrative clerk and returns clerk/day admin of Employer Facility named above.

Excluded: All others

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE	
Case No.	Date Filed	7
03-RC-258311	3/24/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, WKW.nirbigov/. , submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 8b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Northern Dutchess Hospital 6511 Springbrook Avenue Rhinebeck, New York 12572 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Christina Crotty Human Resources Business Partner same 3c, Tel. No. (845) 876-3001 3d. Cell No. 3e. Fax No. 3f. E-Mail Address christina-marie.crotty@nuvancehealth.org 4a. Type of Establishment (Factory, mine, wholeseler, etc.) 4b. Principal Product or Service 5a. City and State where unit is tocated: Rhinebeck, NY health care facility health care 5b. Description of Unit Involved: 6a. Number of Employees in Unit. Included: All regular full-time, all regular part-time and Per Diem Registered Nurses primarily engaged in direct patient care. 215 Excluded: See attached Rider. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s); Northern Dutchess Hospital, Cafeteria Conference Room 11b. Election Date(s): 11c. Election Time(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 131 West 33rd Street, 4th Floor New York State Nurses Association New York, New York 10001 Attn: Jessica Oliva 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): None 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (212) 785-0157 (212) 785-0242 Jessica.Oliva@NYSNA.ORG 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title: Joseph J. Vitale, Counsel

13b. Address (street and number, city, State and ZIP 13b. Address (street and number, city, State and ZIP code): 900 Third Avenue, Suite 2100 Cohen, Weiss and Simon LLP New York, NY 10022 13e. Fax No. (646) 473-8238 13c, Tel. No. 13d. Cell No. 13f. E-Mail Address jvitale@cwsny.com (212) 356-0238 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date 3/23/2020 Signature Counsel Joseph J. Vitale

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Northern Dutchess Hospital RC Petition Rider

Excluded:

All non-direct patient care titles (including: Robotics Clinical Coordinator, Nurse Educator, Nurse Practitioner, Quality Management, Thompson House and Case Managers) and all statutory supervisors (including: PACU Team Lead, OR Clinical Resource Coordinator, OR Team Lead).

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 04-RC-257224	Date Filed 3/2/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 950 W. Basin Road, New Castle, DE, 19720-1008 The News Journal of Wilmington, Delaware Mailing Address: P.O. Box 15505, Wilmington, DE 19850 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Mike Feeley, Executive Editor same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 302-324-2679 mfeeley@delawareonline.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: New Castle, DE Printing & Publishing Online News Media 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time &part-time Reporters, Editorial and Media employees in Wilmington area Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No All other employees, guards, and supervisors as defined by the NLRA. Check One: x 7a. Request for recognition as Bargaining Representative was made on (Date) 03/02/20 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a, Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s): 11d. Election Location(s) March 24, 2020 Bill Frank room-downstairs conference room 11 a.m. -1 p.m. 12a. Full Name of Petitioner (including local name and number): NewsGuild of Great Philadelphia, Communications 12b. Address (street and number, city, State and ZIP code): 1329 Buttonwood St., Philadelphia, PA 19123 Workers of America Local 38010 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The NewsGuild, Communications Workers of America 12g. E-Mail Address 12d. Tel. No. 12e, Cell No. 12f. Fax No. (267) 240-8540 bross@local-10.com (215) 928-0118 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 1601 Market Street, Suite, 1500, Philadelphia, PA 19103 Vlad Kachka, Freedman and Lorry, PC, Attorney 13f, E-Mail Address 13c. Tel. No. 13e. Fax No. 13d. Cell No. 215-935-7516 215-926-8400 267-243-5085 vkachka@freedmanlorry.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Title Date 03/02/20 Vlad Kachka, Freedman & Lorry, PC Attorney

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Signature

Ryan R. Sweeney, Esq.

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
04-RC-257297	3/2/20					

Date 3/2/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelliloner and Pelliloner desires to be certified as representative of the employees. The Pelitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b, Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Bynum Hospitality, Inc. See Attached 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Robert Bynum, President 8806 Marshall Road Wyndmoor PA 19038 3c. Tel. No. 3d. Cell No. 3f. E-Mall Address 2157325200 2152751122 rbbynum@aol.com 5a. City and State where unit is located, 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Restaurants Entertainment and Food Philadelphia, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Audio Technicians 6b, Do a substantial number (30% or more) of the employees in the Excluded: All other employees, guards and supervisors as defined by the Act unit wish to be represented by the Petitioner? Yes / No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/2/2020 and Employer declined recognition on or about (Date) (If no reply received so state) no reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act, 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address None n/a Sc. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address n/a n/a nva n/a 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or Individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) n/a 10b. Address 10c. Tel. No. 10a. Name 10d. Cell No. n/a 10e Fax No. 10f, E-Mail Address nla n/a 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 118, Election Type: / Manual Mail (Mixed Manual/Mail arty such election 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 3/23, 24 OR 30/2020 11:30 am South - 600 N Broad Street Philadelphia, PA 12b. Address (street and number, city, state, and ZIP code) 2401 Swanson Street Philadelphia PA 19148. 12a. Full Name of Petitioner (including local name and number) Intrational Alliance of Theorical Stage Employees Moving Picture Technicians Anists and Allied Crafts AFL-CIO Local B 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees. Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO 12d TAI NO 12e. Cell No. 121 Fax No. 12g. E-Mail Address 215 952-2106 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 138. Name and Title Ryan R. Sweeney, Esq. 13b. Address (street and number, city, state, and ZiP code) 325 Chesinus Street, Suite 200 Philadelphia PA : 9102 13d. Cell No. 13e Fax No. 13f, E-Mail Address 215 735-9099 RSweeney@cjtlaw.org 215 640-3201 I declare that I have read the above polition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Attorney

Bynum Hospitality, Inc. - RC Petition

2b. There are five relevant addresses: the Corporate Headquarters and Four Establishments

Bynum Hospitality, Inc Robert Bynum, President 8806 Marshall Rd, Wyndmoor PA 19038 215-732-5200 (landline) 215-275-1122 (cell) rbbynum@aol.com

South 600 N Broad Street Phila. PA 19130

Green Soul 1410 Mt. Vernon St Phila. PA 19130

Warmdaddy's 1400 s. Christopher Columbus Blvd Phila, PA 19147

Relish 7152 Ogontz Ave #2016 Phila, PA 19138

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

Do NOT WRITE IN THIS SPACE

O4-RC-257607

Date Filed
3/6/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Broad 600 LLC 7600 Stenton Ave., Suite 1M, Philadelphia, PA 19118 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Robert Bynum, President same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (215)732-5200 (215)275-1122 rbbynum@aol.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Restaurants Entertainment and Food Philadelphia, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and part time sound technicians/audio technicians 6b. Do a substantial number (30% Excluded: All other employees, guards and supervisors as defined by the Act or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 3/6/2020 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None n/a 8c. Tel No. 8d Cell No. 8e. Fax No. 8f, E-Mail Address n/a n/a n/a 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) n/a n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) n/a 10a. Name 10b. Address 10c Tel No 10d. Cell No. n/a n/a 10e. Fax No. 10f. E-Mail Address n/a n/a 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3/23, 24 or 30/2020 11:30 a.m. South- 600 N. Broad Street, Philadelphia 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts AFL-CIO Local 8 2401 Swanson Street, Philadelphia, PA 19148 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts, AFL-CIO 12d. Tel No. 12f. Fax No. 12g. E-Mail Address (215)952-2106 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Ryan R. Sweeney, Esquire 13b. Address (street and number, city, state, and ZIP code) 325 Chestnut Street, Suite 200, Philadelphia, PA 19106 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (215)735-9099 (215)640-3201 rsweeney@cjtlaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date Ryan R. Sweeney, Esquire Attorney 03/06/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Date Filed Case No. 04-RC-257634

	73257075	F				3/	9/20	
employer concerned is to the employer and all other	-Filed using the Agency's website, cated. The petition must be accomp r parties named in the petition of: (' ILRB 4812). The showing of Interes	panied by both a sho 1) the petition; (2) Sta	wing of interest (s stement of Positio	see 6b below) and in form (Form NL)	l a certifica RB-505); an	te of service showing a d (3) Description of Re	service on presentation	
bargaining by Petitioner	TITION: RC-CERTIFICATION OF REI and Petitioner desires to be certified a nal Labor Relations Board proceed	s representative of the	employees. The F	etitioner alleges	that the foll	lowing circumstances		
2a. Name of Employer: Delaware Valley Resid	dential Care, LLC	2b, Address(es) of E 280 Jacksonville			number, City	, State, ZIP code):		
3a, Employer Representati Wanda Hernandez, H	ve - Name and Title: uman Resources Generalist	3b. Address (if same Same	as 2b - state same	2):			11	
3c. Tel. No. 484-681-4697	3d. Cell No.	3e, Fax No. 484-674-7	7039	3f. E-Mail A	ddress			
4a. Type of Establishment (F Healthcare Facility	actory, mine, wholesaler, etc.)		Product or Service The Residential C		5a. City ar Warmin	nd State where unit is lo ster, PA	cated:	
5b. Description of Unit Inv	olved:				6a, Numb	er of Employees in Unit:		
Included: All Full Time & Part Tim	ne Residential Care Aides	ier!			94			
Excluded: All other employees					of the	substantial number (30% employees in the unit wi ented by the Petitioner?	sh to be	
on or abou	st for recognition as Bargaining Repri it (Date) (If it ner is currently recognized as Bargain	o reply received, so st	tate).		d Employer	declined recognition		
	r Certified Bargaining Agent (If non			on under the rise				
8c. Tel. No.	8d. Cell No.	8e, Fax No.	8f. E-Mail A	8f. E-Mail Address				
8g, Affiliation, if any:		8h. Date of Re	cognition or Certific		ion 8i. Expiration Date of Current or Most Recent Contract, if any (Month. Day, Year)			
Is there now a strike or pi (Name of Labor Organiza	cketing at the Employer's establishmetion)	ent(s) involved? No	'If so, appr			es are participating? yer since (Month, Day,)	/ear)	
Organizations or individuals known to have None	uals other than Petitioner and those no re a representative interest in any em	amed in Items 8 and 9 ployees in the unit des	, which have claim cribed in item 5b a	ed recognition as r bove. (If none, so	epresentativ state)	ves and other organization	ons and	
10a. Name	10b. Address			10c, Tel, N	lo.	10d. Cell No.		
				10e. Fax N	lo.	10f, E-Mail Address		
11. Election Details: If the	NLRB conducts and election in this m	atter, state your positi	on with respect to a	any such election:	11a. Election		ed Manual/Mail	
11b. Election Date(s):	11c, Election Ti	me(s): 1; 2:00-4:00 pm		11d, Election Location(s): Facility Conference Room				
3/20/2020 12a. Full Name of Petition NUHHCE District 119	er (including local name and number)		12b. Address (stre 1319 Locust S		y, State and	ZIP code):		
	r international labor organization of w hital and Health Care Employee		ffiliale or constituer	nt (il none, so state):			
12d. Tel. No. 2150735-1300	12e, Cell No.	12f. Fax No 215-735-	12.00	12g. E-Ma	il Address			
13. Representative of the 13a, Name and Title:	Petitioner who will accept service on, Counsel to District 1199c	13b. Addre	ss (street and num	ber, city, State and	ZIP code):	24th FL, Philadelph	ia PA 19103	
13c. Tel. No. 215-656-3655	13d. Cell No.	13e. Fax N 215-561-	5135	* 1 A TO A	on@wwd	law.com		
I declare that I have read	the above petition and that the stat		e best of my know				Date	
Name (Print) Joseph D. Richardson	Signa	DININU		Counsel to I	District 11	99c	3/6/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
O4-RC-257730	3/10/20					

	RC F	PETITION					04-1	RC-257	730	3/10/20	
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procadures (Form NLRB 48:	he petition must be named in the pet 12). The showing	e accompanie ition of: (1) the of interest sho	ed by b e petition buid on	oth a si on; (2) S ly be fil	howing of interes Statement of Pos led with the NLRI	t (see ition f 3 and	6b below) and form (Form NL should not be	l a certificat RB-505); and served on ti	fice in the Region in e of service showing d (3) Description of i he employer or any	which the service on Representation other party.	
 PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petit requests that the National Labo 	ioner desires to be	certified as rep	presenta	tive of t	he employees. Th	e Peti	itioner alleges	that the follo	owing circumstance	collective s exist and	
2a. Name of Employer: Washington Consulting Group, Inc. (WCG) 2b. Address(es) of Establishment(s) inv FAA Bldg., Hog Island Roa											
3a. Employer Representative - Nan Roger Jolley	ne and Title:		3b. Address (il same as 2b - state same): 4915 Auburn Avenue, Suite 3				01, Bethes	da MD 2	0814	1.0000	
3c. Tel. No. (301) 656-2330	3d. Cell No. Unknown	د با درست	(3	1000	56-1996		3f. E-Mail A grjolley	ddress @gmail.c	com	500 - 101 <u>157 9 3 - 148 - 1</u>	
4a. Type of Establishment (Factory, I Training Facility	mine, wholesaler, e	tc.)	Ab A	. Princip ir Tra	pal Product or Ser affic Control	_{vice} Trai	ning	5a. City an Philade	State where unit is I Iphia, PA	ocated:	
5b. Description of Unit Involved: Included: All remote pilot operators Excluded:	(RPOs) and	ATC Instru	uctors	(AT	CIs)			4	r of Employees in Uni		
All others Check One: 7a. Request for rec	cognition as Barnair	ning Regresent	tative w	as made	on (Date)	_	an	of the e	mployees in the unit inted by the Petitiones lectioned recognition	vish to be	
on or about (Date)		(If no rep	oly rece	ived, so	state).		$\overline{}$		20,000 coo	2 way	
7b. Petitioner is cui				_	and desires certifi ddress:	cation	under the Act.				
8c. Tel. No.	8d. Cell No.		8e	. Fax N	0.	*****	8f. E-Mail A	8f. E-Mail Address			
8g. Affiliation, if any:			8h. D	ate of F	Recognition or Cer	tification			rrent or Most (Month, Day, Year)		
Is there now a strike or picketing a (Name of Labor Organization)	t the Employer's es	tablishment(s)	involve	d? No	If so, a	proxi			s are participating? er since (Month, Day,	Year)	
Organizations or individuals other individuals known to have a repressione									es and other organiza	ions and	
10a. Name	10b. A	ddress				(H.)	10c, Tel. N	0.	10d, Cell No.		
							10e. Fax N	o.	10f. E-Mail Address		
11. Election Details: If the NLRB co	nducts and election	in this matter,	state y	our pos	ition with respect t	o any		X Manua	I Mail Mi	ed Manual/Mail	
11b. Election Date(s): March 31, 2020		PM - 3:00		PM 11d. Election Location(s): Meeting/Breakroom				om			
12a. Full Name of Petitioner (included International Association Workers, AFL-CIO			space		12b. Address (s 9000 Mach				ziP code): lboro, MD 207	72	
12c. Full name of national or internat International Association							none, so state)	:			
12d. Tel. No. (646) 926-2910 12e. Cell No. (646) 245-2009 (646) 902-5720			02-5720			a@iamav	v.org				
			b. Addr	poses of the rep ess (street and no rt St, Ste 1710	mber,	city, State and	ZIP code):		*		
13c. Tel. No. (929) 226-1724	13d. Cell No. (631) 219-41		(6		002-5720			Address @iamaw.	org		
I declare that I have read the above Name (Print)	e petition and that	the statemen		rue to t	he best of my kn		dge and belief. Title			Date	
Name (Print) Nicholas A. Scotto				Special Re	presentat	ive	3/10/2020				

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
04-RC-257746	3-10-20				

							C-2577		3-10-20
INSTRUCTIONS: Unless e employer concerned is lo the employer and all othe Case Procedures (Farm N	er parties named NLRB 4812). The	in the petition of: showing of intere	(1) the pe st should	y bout a snowing of i tition; (2) Statement o only be filed with the	f Position fo NLRB and s	on below) a nm (Form N should not b	nd a certific ILRB-505); a le served on	ate of service nd (3) Descr the employe	Region in which the e showing service on ption of Representation or any other party.
1. PURPOSE OF THIS PET bargaining by Petitioner a requests that the Nation	TITION: RC-CER and Petitioner de	TIFICATION OF RE	EPRESEN as represe d under its	TATIVE - A substantial intative of the employe s proper authority pur	number of er es. The Petit suant to Sec	mployees wi ioner allege ction 9 of th	sh to be reprise that the fore	esented for pa flowing circu abor Relatio	irposes of collective imstances exist and ns Act.
2a. Name of Employer:			2b. Add	ress(es) of Establishme	ant(s) involve	d (Street and	number, Ci	y, State, ZIP	code):
Inspira Health Netw			600 C	Cedar Street Mil	ville NJ (08332			<u>**</u>
3a. Employer Representati			3b. Add	ress (if same as 2b - st	ate same):		U 1707E		9-1
William Krasner EN	MS Director		Same	*					
3c. Tel. No. 856-694-1985	3d. Cell	No.	-	3a. Fax No.		3f. E-Mail			
a. Type of Establishment (F	England mine wh	alamba ata l		856-506-3323		Krasne	rw@ihn.e		
Pre hospital emerge	ncy medical	services		4b. Principal Product of emergency med		ices	5a. City a Millville		re unit is located:
5b. Description of Unit Inve Included:	olved:						6a, Numb	er of Employs	es in Unit:
All full time part tin	ne and per d	iem pre hospi	tal care	providers, see a	ttached		160		
Excluded: See Attached							of the	employees in	mber (30% or more) the unit wish to be
Check One: X 7a. Reques	st for recognition	as Bargaining Repr	esentative	was made on (Date)	03/05/2	020 a		declined reco	Petitioner? X Yes
on or about	t (Date) no r	esponse (If	o reply re	ceived, so state).					gor
8a. Name of Recognized or	Certified Pares	cognized as Bargair	ning Repre	sentative and desires	ertification un	nder the Act.			
None	Ceruneo barga	ining Agent (II non	e, so state	8b. Address:					*
	3								20
Sc. Tel. No.	8d. Cell	No.		Be. Fax No.		8f. E-Mail	Address		· ·
ig. Affiliation, if any:			8h.	Date of Recognition of	Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
In these names and the second									
Is there now a strike or pick		loyer's establishme	nt(s) invoh	ved? No				s are particip	Deliver to the second
(Name of Labor Organization									nth, Day, Year)
Organizations or individual individuals known to have	as other than Pet a representative	interest in any emp	amea in ite Noyees in 1	ms 8 and 9, which hav the unit described in ite	m 5b above.	ognition as i	representativ state)	es and other	organizations and
None 0a, Name		1405 444		The second second		TT			
ua, Name		10b. Address				10c. Tel. N	0.	10d. Cell No	
	1					10e. Fax N	lo.	10f. E-Mail	Address
1. Election Details: If the N	LRB conducts an	d election in this ma	atter, state	your position with resp	ect to any su	ch election:			
Election by Mail 1b. Election Date(s):		144 54 4 55			¥/.		Manua	The state of the s	☐ Mixed Manual/Ma
April 4, 2020		11c, Election Tin	ne(s):				on Location(s	i):	
2a. Full Name of Petitioner	fincheding local			I day adday	s (street and	By Mai	And the second	7/D andalı	
nternational Associa					gin Parkv			7.	
2c. Full name of national or i	international labor	r organization of wh	ich Petition	ner is an affiliate or con	stituent (if no	ne, so state);		
nternational Associa						250		(#)(ž.
2d. Tel. No.	12e. Cell	No.	7	2f. Fax No.	370	12g. E-Mai	Address		AND C
17-376-7237 3. Representative of the Pe	office who will	secont comics of	all paner	e for numeros of the	rannocanteti	on mosses	ina		
3a. Name and Title:	CAMORE WILD WIL	occept service of		3b. Address (street an					
rank Wagner				159 Burgin Parkw					
3c. Tel. No.	13d. Cell	No.	1	3e. Fax No.		13f. E-Mail	Address		
17-376-7237	100000000000000000000000000000000000000	85-6799		(617)984-5695		933	mage.c	rg	
declare that I have read the		and that the states	ments ere	true to the best of m	knowledge				
ame (Print) Frank Wagner		Signature	A	11/	Title	TOTAL AND THE	epresenta	itive	03/06/20
			1 11	1/	144		-property		05/05/20

5b. Description of unit involved:

All full time, part time, and per diem pre hospital emergency medical service providers. Mobile Intensive Care (MICP) paramedics, Mobile Intensive Care Nurses (MICN), Emergency Medical Technicians (EMT), and Dispatchers employed by the employer who are dispatched/dispatching from the following nine locations:

Main EMS Building: 600 Cedar Street., Millville NJ 08332

Life Support 1: 238 South Evergreen Avenue., Woodbury NJ 08096

Life Support 2: Franklinville Fire Department., 181 Swedesboro Road., Route 47 and Route 538 Franklinville NJ 08322

Life Support 3: Hurffville Fire Company., 213 East Holly Avenue., Turnersville NJ 08012

Life Support 4: Logan Township EMS., 49 Coontown Road., Logan Township NJ 08085

Life Support 5: Memorial Hospital of Salem County., 310 Woodstown Road., Salem NJ 08079

Life Support 6: 1200 Southwest Boulevard, Vineland NJ 08326

Life Support 7: Inspira Health Center Bridgeton., 333 Irving Avenue., Bridgeton NJ 08302

Flight Hangar: Millville Airport., 97 Bogden Boulevard., Millville NJ 08332

Who were employed by the Employer during the payroll period ending week of March 4th 2020.

Excluded:

All other employees, Registered Nurses who are employed by the Employer but are represented by another Union, office clericals, guards, and supervisors as defined in the act.

Also eligible to vote are all per diem employees, in the unit who have worked an average of four (4) hours per week immediately preceding the eligibility date for the election. p

M

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 04-RC-258148	Date Filed 3/17/20	-			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 105 Schneider Lane PA Milford 18337-Pike County Light & Power 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 105 Schneider Lane PA Milford 18337-Steven Grandinali 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address grandinali@pclpeg com (570) 832-2988 (570) 832-0342 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Energy Milford, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 8 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 17, 2020 8:30am-9:30am Conference Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Maria L Vooris International Brotherhood of Electrical Workers Local 777 4 Clearview Terr 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Electrical Workers 12g. E-Mail Address Maria vooris@ibew.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (518) 703-2365 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date International Lead Organizer Maria Vooris 03/16/2020 14:05:26 Maria L Vooris

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment DO NOT WRITE IN THIS SPACE Case Date Filed

Employees Included All full and part time regular employees in the Customer Service Representative, Designer/Engineer, Gas Technician, and Planner Scheduler Titles

Employees Excluded Managers, Supervisors and Guards as defined in the act

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
04-RD-257379	3/3/20					

INSTRUCTIONS: Unless e-Filled using the Agency's website, www.initbigov/. submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on

the employer and all oth Case Procedures (Form	er parties NLRB 461.	named in 1 2). The sh	the petition of:(1) owing of interest	the petition; (2) Si should only be fil	leiement of Po ed with the NL	sition form .HB and sh	n (Form NLRB-505); lould <u>not</u> be served	and (3) Description on the employer o	on of Representation or any other party.
PURPOSE OF THIS PEr recognized bargaining re Labor Relations Board	presentativ	e is no lone	ger their represents	tive. The Petitions	er alleges that	the follow	ing circumstances e	es assert that the exist and requests	certified or currently that the National
2a. Name of Employer	6	81.		2b. Address(es) o	f Establishmen	t(s) Involve	d (Street and number	, city, state, ZIP co	de)
West End Fire Company	ny #3			801 West Brid	lge Street, Ph	oenixvill	e, PA 19460		
3a. Employer Representat	ive - Name	and Title		3b. Address (if sa	me as 2b - stat	e same)			,
Rick Beittel Jr				Same			7.4		40451
3c. Tel. No.	3d.	Fax No.		3e. Cell No.		T 13 T 11 T	i Address		
				610-724-2063			r@aol.com		
4a. Type of Establishment (Factory, mi.	ne, wholes	aler, etc.)			The second second second	fpal product or service	P	
Fire and EMS station	-					Fire an	nd EMS		100000000000000000000000000000000000000
5a. Description of Unit Invol- Included:	ved			hallian er a lê han	- Commence of		-1157.1464	5b. City an	d State where unit
All Fuil-time and per-diem EMT-	B, EMT-P, Adv	vanced EMT.	Pirefighter EMT-B, Firef	ighter EMT-Pemployse	s who are in good 8	sanding.		7.00 17.00 87.0	xville, PA
Excluded:									
All other employees	includin	g guards	and superviso	ers described in	the act				
8. No. of Employees in Unit	24	7. Do a	substantial numbe	r (30% or more) of epresentative?	the employees Yes No		no longer wish to be r	epresented by the	certified or currently
8a. Name of Recognized or International Associ		argaining A	gent				8b. Affiliation, if an	У	
8c. Address	(4)				8d. Tel. No.	2.71	8e. Cell No.		
PO Box 308					610-933-	1140		- 4	
Phoenixville, Pa 194	160				8f. Fax No.		8g. E-Mail Address		
N .00 N T 0000 T 1 CC T 2 T T T C T				0	610-933-	5160	local4839@gr	nail.com	
9. Date of Recognition or Co January 6, 2011	ertification	2.7		10. Expiration Dar December 31		Most Rece	ent Contract, if any (N	lonth, Day, Year)	
11a. Is there now a strike or	alakating a	t the Empl	ovede antablishma	Land and the same of the same		14th IFe	, approximately how	many employees s	re participating?
					130 [2]	110.0	, approximately need	THEORY CHIPTOYICE	a labor organization, of
11c. The Employer has bee	n picketea	by or on be	nall of (Insert Nar	пө)					a la constitue de la constitue
(Insert Address)								ice (Month, Day, Y	
 Organizations or individed and individuals known to 	uals other t	hose name presentativ	d in items 8 and 11 e interest in any er	ic, which have clair	ned recognition I described in it	as represe em 6 above	entatives and other or e. (If none, so state)	ganizations Not	ne
12a. Name	O HEAVE ON THE	12b. Add		ipoyada ii ala am	t about to tall it it	12c. Tel.	No.	12d. Fax No.	
						11.00			
						12e. Cel	No.	12f. E-Mail Addre	598
13. Election Details: If the matter, state your position	NLRB con	ducts an el	ection in this El	ection available	when	13a. Ele	ction Type: Manu	al X Maii	Mixed Manuel/Mail
13b, Election Date(s)			13c. Election Te	me(s)			ction Location(s)		550 M.C.
March 13, 2020			0700-1900			801 V	V. Bridge St, Pho	enixville, PA,	19460
14. Full Name of Petitione	•		-			-	***************************************		
(b) (6), (b) (7)(C)									
14a. Address (Street and no		state, ZIP	cade)		14b. Tel. No.		14c. Fax No.		
(b) (6), (b) (7)(C)					11.0			
CALL MAN THE I			-			14d. Cel	No.	14e, E-Mall Add	'esa
						(6) (6),	(b) (7)(C)	(b) (6), (b) (7)(C)
14f. Affiliation, if any			2.2 mm		Za-t- i	./,			10-151/0510
15. Representative of the	Petitioner	who will a	cept service of a	Il papers for purp	oses of the rep	presentatio	n proceeding.		
15a. Name						15b.Title			
(b) (6), (b) (7)(C)						Param	edic		
15c. Address (Street and no	umber, city,	state, ZIP	code)		I STATE OF THE PARTY.	15d. Tel.	No.	15e. Fax No.	***
(b) (6), (b) (7)(C)	- 1					1			
			4			15f. Cell		15g. E-Mail Add	
			and the base of the same of the				(b) (7)(C)	(b) (6), (b) (7)(C)
I declare that I have read t	the above				e best of my k		and bellef.		In
Name (Print) (b) (6), (b) (7)(C)			(b) (6), (b) (7)	(C)		Title	June 1		Date Filed March 3, 2020
						Indivi			
WILLELIL FA	SE STAT	EMENTS (D IMPRIS	COMMENT (U.S. COL	E. TITLE 18, SEC	TION 1001)

FORM MURB-SCO (RID)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE			
se No.	Date Filed		

(2.16)	NATIONAL LABOR RE	LATIONS BOARD		O4	RD-2586	26	Date Filed
INSTRUCTIONS: Unless a- employer concerned is too the employer and all other Case Procedures (Form M	Fled using the Agency's we ated. The polition must be a parties named in the potition LRB 4812). The showing of i		submit an origination of the control of Pos Statement of Pos Wed with the MLF	nal of this I sat (see 7 b lition form (8B and sho	Petition to an NLRB or elew) and a certificat Form NLRB-505); an uld not be served on	ffice in the R e of service of d (3) Descrip the employs	egion when are 20 showing service on tion of Representation or or any other party.
PURPOSE OF THIS PETIT recognized bargaining reprintable Relations Board prints	TION. RD-DECERTIFICATION exertative is no longer their re- occed under its proper author	N (REMOVAL OF REPRE presentative. The Petition ority pursuant to Section	SENTATIVE) - A ner alleges that t n 9 of the Nation	substantial he followin at Labor Re	rumber of employees g circumstances existations Acr.	secort that the st and reques	e contifed or currently as that the National
2a. Name of Employer	10	26. Address(as)	of Esistilishment	e) involved	(Street and number, o	ly, state, ZIP	code)
Lehigh Hanson Aggregati 3a. Employer Representative			ame as 2b - state		Jersey, 08345		
Al Lorenzo- Plant Manage		Same	in in se so - sene	marine)			
3c. Tel. No. 215-852-0288	3d Fax No.	3e, Celi No.		at E-Mail Address			
ta: Type of Establishment /Fac Mine	tiony, mine, wholeseer, etc.)			4b. Princip	el product or service e Sand and Grave		
5a. Description of Unit Involved			-	Concrete	e Sarki and Grave		and State where unit
ricluded: 8 employees including	g operators and main	tenance included	in union			in lo	ort, New Jersey
Excluded:						16	
No. of Employees in Unit 8	7. Do a substantial secognized barg	number (30% or more) or aining representative?	the employees	n the unit o	o longer wish to be re	presented by	the centified or currently
a Name of Recognized or Cer eamsters Local 676	tified Bargaining Agent				8b. Affiliation, if any		
c Address			8d Tel. No. 856-964-2	101	Se. Cell No.		
101 W Crescent Blvd Collingswood, NJ 08108			8. Fax No. 856-964-4	6. 8g. E-Mail Address			
Date of Recognition or Certific 5/31/2017	ostion	10. Expiration 0 05/31/2020	ate of Current or	Most Recei	nt Contract, if sarry (Mic	nth, Day, Ye	w)
a. Is there now a strike or pick	cating at the Employers estab	lishment(s) involved?	Yes X No	11b. If so.	approximately how n	nany amploys	es are participating?
c. The Employer has been plo (Insert Address)	keted by or on behalf of (Ins	iert Name!			sin	os (Month, Da	a labor organization
Organizations or individuals	other those named in items 8	and 11c, which have cla	imed recognition	as represe	ntatives and other ord		
and individuals known to have. Name	re a representative interest in 12b. Address	any employees in the ur	nit described in its	12c. Tel.	(If node so state)	12d Fax No	
				12e. Cel	No	12f E-Mail	Address
				100000	119		
Election Details: If the NLR matter state your position with	B conducts an election in this h respect to any such election	s in			tion Type Manus	и [] ма	Mixed Manual/Mail
b. Election Date(s) b be determined	Election Date(s) 13d Election Time(s)			13d Election Location(s) 1101 Railroad Ave, Newport, New Jersey 083			New Jersey 08345
Full Name of Petitioner (6), (b) (7)(C)							
	r city, state, ZIP code)			(b) (6),	No. (b) (7)(C)	14c. Fax N	0.,
/(-), (-) /(-)/(-)				(b) (6).	(b) (7)(C)	140 E-Ma	Address
Affiliation, if any							
Representative of the Petition	oner who will accept service	e of all papers for purp	poses of the rep	resentatio	n proceeding.		
Name				15b Trie			
orenzo				71 974 (21)	Vlanager	T150 Fax 1	la.
Address (Street and number,)1 Railroad Avenue, Ne	ary, state, ZIP code) ewport, New Jersey 08	345		2450000	52-0288		-
				15r, Cell	No	15g. E-M	il Address
lare that I have read the ab	eve petition (b) (6)	(b) (7)(C)	/ k	nowledge	and belief.	1	
lare that I have read the ab	(b) (d)	(b)(f)(c)		Tito	(h) (EVO)		Data Fied
(6), (b) (7)(C)	of the latest to				(b) (7)(C)		03/23/2020
WILLFUL FALSE S	TATEMENT				SONMENT (U.S. CO	DE, TITLE 1	8, SECTION 1001)
	and a share of		IE)		torinal use of the inform	of on its to assis	t the National Labor Relations.

Sociation of the Internation to this form is such acceptance from the results of the internation and the internation is to assist the National Labor Relatives Sound INFRD in processing merconstance and resident proceedings or flags. The respire less for the information are fully set form is the Federal Response, 21 Fed. Reg. 7494-743 (Dec. 13, 2004). The NLFB will turned argument these special upon representation and resident processing of the information to the NLFB is observery, however, calling to apply the information may cause the NLFB to decline to invoke its processing.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT W	RITE IN THIS SPACE	
Case No.	Date Filed	
04-RM-257405	3/4/20	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer/Petitioner 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 801 W. Bridge Street PA Phoenixville 19460-Valley Forge Volunteer Fire Department d/b/a/ West End Fire 3a. Employer/Petitioner Representative - Name and Tille 3b. Address (If same as 2b – state same) 801 W. Bridge Street Rick Beittel Jr. President PA Phoenixville 19460 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No (610) 724-2063 beittelr@aol.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Fire, EMT, Ambulance, etc. 5a. Description of Unit Involved 5b. City and State where unit is located: Included: See Attached Page 2 for additional details Phoenixville, PA 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 24 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative 8a. Recognized or Certified Bargaining Agent - Name Jeremy Ulrich 8b. Affiliation, if any International Association of Fire Fighters, Local 4839 International Association of Fire Fighters 8d. Tel. No 8e. Cell No. (610) 933-1140 PO Box 308 8g. E-Mail Address 8f. Fax No. PA phoenixville 19460-(610) 933-5160 local4839@gmail.com 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification 12/31/2019 11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organiza ions and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: 7 Manual Mail Mixed Manual/Mail any such election 13c. Election Time(s): 13d. Election Location(s): 13b. Election Date(s): 2 to 3 weeks from filing multiple employer's station 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 30 South 17th Street - 19th Floor PA Philadelphia 19103-14a. Name and Title Marc Furman Esq. Attorney Cohen Seglias Pallas Greenhall & Furman PC 14f F-Mail Address 14c Tel No 14d Cell No. 14e Fax No. mfurman@cohenseglias.com (215) 564-1700 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Attorney 03/4/2020 09:46:55 Marc Furman Esq Marc Furman, Esquire

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment	

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

Full-time and regular part-time A-EMT/Firefighter, EMT-B/firefighter, EMT-P/firefighter

Employees Excluded

Volunteers, clerical, supervisory or administrative

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 5-RC-257366	Date Filed 3/3/20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Signature Theatre 4200 Campbell Avenue, Arlington, VA 22206 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b state same): Jim Gross, Production Manager Same 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address (571) 527-1860 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Theater Arlington, VA Performances 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See attached. Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes See attached. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition N/A on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: N/A None. 8c. Tel. No. 8f. E-Mail Address 8d. Cell No. 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) N/A , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address N/A N/A 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail X Manual Mail 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s) March 26, 2020 Before and/or after shift. Employer's facility. 12a. Full Name of Petitioner (including local name and number). 12b. Address (street and number, city, State and ZIP code): International Alliance of Theatrical and Stage Employees, 1810 Hamlin Street, NE Washington, D.C. 20018 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical and Stage Employees, AFL-CIO 12e. Cell No. 12g. E-Mail Address (202) 269-0212 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Keith R. Bolek, Attorney O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave., NW, Suite 800, Washington, D.C. 20015 13e. Fax No. 13f. E-Mail Address 13d. Cell No. 13c. Tel. No. (202) 362 - 0041kbolek@odonoghuelaw.com Ideclare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date 7-7-20 Attorner

ATTACHMENT

<u>Included:</u> All regular full-time, regular part-time and casual production employees including

stagehand employees, costume employees, wardrobe employees and carpentry shop employees employed by the Employer at its facilities currently located at

4200 Campbell Avenue, Arlington, VA 22206;

Excluded: All other employees, office clerical employees, guards, managers and supervisors

as defined by the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.	5-RC-257825

DO NOT WRITE IN THIS SPACE

Date Filed 3/11/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nlrb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 11 Dupont Circle NW, Suite 500, Washington, DC 20036 Alliance for Justice 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Nan Aron, President (same) 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. 3d. Cell No. (202) 822-6070 Nan.Aron@afj.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Washington, DC and California non-profit advocacy 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 22 All full- and part-time employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes
✓ No Excluded: supervisors, managerial employees, confidential employees and guards defined in Act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 3/11/20 (If no reply received, so state). on or about (Date) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c Tel No. 10d Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual election in Washington, DC; mail ballots for employees in California 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Large Conference Room March 26, 2020 10:00am - Noon 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 1225 Eye Street NW, Washington, DC 20005 Washington-Baltimore News Guild, Local 32035 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The News Guild - Communications Workers of America 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (202) 785-3650 x15 (202) 785-3659 bjett@wbng.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 1025 Connecticut Avenue NW, Suite 1000, Washington, DC 20036 Robert E. Paul, Attorney 13d. Cell No. 13f. E-Mail Address 13c. Tel. No. 13e. Fax No. (202) 327-5499 rpaul@robertepaul.com (202) 857-5000 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature , 3/11/20 Robert E. Paul Attorney

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 05-RC-257868

Date Filed 03

Date Filed 03/11/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 27410 Hot Patch Road, Quantico, VA 22134 Akima, LLC 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 2553 Dulles View Dr. Suite 700, Herndon, VA 20171 Chris Hansen, Senior Director of Labor Relations 3f. E-Mail Address 3d. Cell No. 3e. Fax No. 3c. Tel. No. 703-967-9357 chris.hansen@akima.com 571-353-7054 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Quantico, VA Federal Office Building Custodial 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full-time and regular part-time Custodians employed by the employer at 27410 Hot Patch Rd, Quantico, VA 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All clerical employees, all managers, all guards and supervisors as defined by the Act. Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about Check One: No Reply _(Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8d Cell No. 8f. E-Mail Address 8c. Tel No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10c. Tel. No. 10d. Cell No. 10b. Address 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual V Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): 4/13/20 US Mail US Mail 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774 International Union of Operating Engineers, Local 99 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. 202-337-0099 Ext.123 202-744-9519 240-716-3956 kgraham@iuoelocal99.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Keith J. Graham/ Organizer 13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suit 200 Upper Marlboro, MD 20774 13d Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 202-337-0099 Ext.123 202-744-959 240-716-3956 kgraham@iuoelocal99.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Keith J. Graham Organizer 3/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

202-337-0099 Ext.123

Name (Print)

Keith J. Graham

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

O NI-
Case No.
5-RC-257876
5-R(-15/8/6
J-1(C-23/0/0

Date Filed 3/11/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) **EMCOR Government Services** General Accounting Office 441 Gst. N.W. Washington, DC 20226 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2800 Crystal Drive, Suite 600 Arlington, VA 22202 Paul Garcia- Sr. Manager, Industrial Relations 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 571-882-4694 866-422-9847 571-403-8890 pgarcia@emcor.net 4a, Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Washington, D.C. Federal Office Building Facilities Office of Logistics 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full-time and Regular part-time Office of Logistics employees, to include furniture handlers. Employed by the 6b. Do a substantial number (30% employer at GAO, Washington, D.C. or more) of the employees in the Excluded: unit wish to be represented by the All clerical employees, all mangers, all guards and supervisors as defined by the Act, Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 and Employer declined recognition on or about No Reply _(Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. None 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mixed Manual/Mail Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 4/16/20 Employee Break Room SB45P 11:00 AM- 12 Noon 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774 International Union of Operating Engineers, Local 99 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) International Union of Operating Engineers 12d. Tel No. 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 202-744-9519 202-337-0099 Ext.123 240-716-3956 kgraham@iuoelocal99.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Keith J. Graham / Organizer 13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Organizer

13e. Fax No.

240-716-3956

13f. E-Mail Address

Date

3/11/20

kgraham@iuoelocal99.org

13d. Cell No.

202-744-9519

pature

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	5-RC-257895	Date Filed	3/11/20	σī	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Akima, LLC Liberty Crossing, 1500 Tysons McLean Dr., McLean, VA 22192 (Follin Lane South East Campus) 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2553 Dulles View Dr. Suite 700, Herndon, VA 20171 Chris Hansen - Senior Director of Labor Relations 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 571-353-7054 703-967-9357 chris.hansen@akima.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Facilities Maintenance McLean, VA Federal Office Building 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All Full-time and Regular part-time Critical Facilities Technicians employed by the employer at Liberty Crossing, 6b. Do a substantial number (30% 1500Tysons McLean, Dr., McLean, VA. 22192 (Follin Lane South East Campus) or more) of the employees in the Excluded: unit wish to be represented by the All clerical employees, all managers, all guards and supervisors defined by the Act. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 3/11/20 ____ and Employer declined recognition on or about Check One: No Reniv (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8d Cell No. 8f. E-Mail Address 8c. Tel No. Se. Fax No. 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 4/16/20 US Mail US Mail 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774 International Union of Operating Engineers, Local 99 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12d. Tel No. 12e. Cell No. 12f. Fax No. 12q. E-Mail Address 202-337-0099 Ext.123 202-744-9519 240-716-3956 kgraham@iuoelocal99.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Keith J. Graham/ Organizer 13b. Address (street and number, city, state, and ZIP code) 9315 Largo Drive West, Suite 200 Upper Marlboro, MD 20774 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 202-744-9519 202-337-0099 Ext.123 240-716-3956 kgraham@iuoelocal99.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Keith J. Graham Organizer 3/11/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WR	TE IN THIS SPACE
Case No.	Date Filed
05-RC-2579	10 03/12/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act, 2b. Address(es) of Establishment(s) Involved (Street and number, City. State, ZIP code): 2a. Name of Employer: 2317 Kansas Avc Silver Spring, MD 20910 Flynn Architectural Finishes LLC 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Charles Parker - Business Representative 4700 Boston Way Lanham, MD 20706 3f E-Mail Address 3c. Tel. No. 3d Cell No 3e. Fax No. csparker77(a)verizon.net 301-918-3177 301-918-0182 x116 301-440-6667 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishmen! (Factory, mine, wholesaler, etc.) Metal/Wood/Stone Refinishing Silver Spring, MD Metal/Wood/Stone Refinishing Company 6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: Metal/Wood/Stone/Marble Refinishing Foreman, Technician, Helper 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

Yes No Superivisor/Managment Office Staff Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8f. E-Mail Address Bc. Tel. No. Bd. Cell No. Be. Fax No. 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b. Address 10a, Name 10e, Fax No. 101. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual . Mail Mixed Manual/Mail 11d Election Location(s): 11b. Election Date(s): 11c Election Time(s): 12b. Address (sireel and number, city. State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 4700 Boston Way Lanham, MD 20706 Charles Stephen Parker - IUPAT DC51 / LOCAL 890 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Painters & Allied Trades - District Council 51 12g. E-Mail Address 12e. Cell No. csparker77@verizon.net 301-918-3177 301-440-6667 301-918-0182 x116 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a, Name and Title: 4700 Boston Way Lanham, MD 20706 Charles Parker - Business Representative 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. csparker77@verizon.net 301-440-3177 301-440-6667 301-918-0182 x116 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) 3/10/2020 Business Representative Charles Parker

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT W	RITE IN THIS SPACE	
O5-RC-258064	Date Filed 3/16/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Flynn Architectural Finishes LLC 2317 Kansas Ave., Silver Spring, MD 20910 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Same Chris Flynn 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (301) 585-7726 info@flynnfinishes.com (301) 558-5700 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Silver Spring, MD Metal/Wood/Stone Refinishing Company Metal/Wood/Stone Refinishing 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All metal, wood, stone, and marble refinishers, including all foreman, technicians, and 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including all office staff, supervisors, and managers. unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8h Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. , has picketed the Employer since (Month, Day, Year) _ (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10e. Fax No. 10f. F-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mixed Manual/Mail Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 2-4 April 8 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 4700 Boston Way, Lanham, MD 20706 International Union of Painters and Allied Trades District Council 51, Local 890 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Painters and Allied Trades, AFL-CIO 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. csparker77@verizon.net (301) 440-6667 (301) 918-0182 ext. 116 (301) 918-3177 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Michael Melick, Attorney 13b. Address (street and number, city, state, and ZIP code) 1025 Connecticut Ave. Suite 1000, Washington, D.C. 20036 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address (443) 682-3867 mmelick@barrcamens.com (202) 293-9222 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature 3/16/20202 Attorney Michael Melick

WILLFUL FALSE STATEMENTS ON THIS PETITION OAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Amanda Lively

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No 5-RC-258395

3/25/20

March 24, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Elite Protective Services 11331 Amherst Ave., Silver Spring, MD 20902 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Elaine Pruitt 3c. Tel. No. 3d Cell No 3/ E-Mail Address 3e Fax No 301.949.9716 x 21 epruit@elite.protective.com 4a Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Security Security Protection Hyattsville, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time security officers performing work at FEMA, 6511 American Blvd., Hyattsville, 6b. Do a substantial number (30% or more) of the employees in the Excluded: All other employees, including office clericals, corporals and sergeants, lieutenants, captains, and any other supervisors unit wish to be represented by the Petitioner? Yes / No 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about Check One (Date) (If no reply received, so state). 7b Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Security Police and Fire Professionals of America 25510 Kelly Road, Roseville, MI 48066 8c. Tel No 8e Fax No 8f E-Mail Address 586.772.7250 586.772.9644 8g. Affiliation, if any 8h Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9 Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b Address 10c. Tel. No. 10d Cell No. 10f E-Mail Address 10e Fax No. 11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s) 11d Election Location(s) 11c. Election Time(s) April 17, 2020 12a. Full Name of Petitioner (Including local name and number) 12b Address (street and number, city, state, and ZIP code) International Guards Union of America (IGUA) P.O. Box 6633, Oak Ridge, TN 37831 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g E-Mail Address 12f Fax No 12d Tel No. 12e Cell No (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a Name and Title Amanda Lively, Attorney 13b Address (street and number, city, state, and ZIP code) 16501 Ventura Blvd., Suite 304, Encino, CA 91436 Cel No 13f E-Mail Address 818-501-8030 x 326 **818-501-5306** allvely@wkclegal.com e to the best of my knowledge and belief. I declare that I have read the above petition and that the statements or Name (Print) Date

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE Attorney for IGUA PURISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 06-RC-257293	Date Filed 3-2-20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed

of service showing service of (Form NLRB-505); and (3) De	on the employer and escription of Represe	all other partie entation Case I	es named in the petition Procedures (Form NLI	nn of: (1) the petit RB 4812). The sh	ion; (2) State lowing of in	terest should only be filed
with the NLRB and should n. 1. PURPOSE OF THIS PETITION: bargaining by Petitioner and Petirequests that the National Laboratory	ot be served on the or RC-CERTIFICATION OF tioner desires to be certification.	EREPRESENTAT ed as representati eed under its pro	ny other party. IVE - A substantial number of the employees. The loper authority pursuant to	of employees wish to Petitioner alleges th Section 9 of the Na	be represente at the followin tional Labor F	od for purposes of collective ng circumstances exist and Relations Act.
2a. Name of Employer		2b. Ac	ddress(es) of Establishment	t(s) involved (Street a	nd number, cit	y, State, ZIP code)
Carpenter Latrobe Specialty		1680	Debence Dr. Franklin			
3a. Employer Representative – Na Robert Hicks	ame and Title		3b. Address (If same as Same	s 2b - state same)		
3c. Tel. No. (814) 432-8575	3d. Cell No.	Cell No. 3e. Fax No. (814) 437-4			3f. E-Mail Address rhicks@cartech.com	
4a. Type of Establishment (Factory, factory	mine, wholesaler, etc.)	No. of the second		5a. City and State where unit is located: Franklin		
5b. Description of Unit Involved		1		V. V. Sanda		6a. No. of Employees in Unit: Approximately 85
Included: All full-time and reginal PA Excluded: All temporary employed						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
on H	reply (Date) oner is currently recognize	(If no reply received as Bargaining R	ed, so state). Representative and desires			clined recognition on or about
8c, Tel No.	8d Cell No.	Cell No. 8e. Fax No.			8f. E-Mail Address	
8g. Affiliation, if any		8h. Date of Recognition o	Certification 8i. Expiration Date of Current or Most Contract, if any (Month, Day, Year)			
Is there now a strike or picketing (Name of labor organization)	at the Employer's establish		d? No If so, approx	kimately how many er (Month, Day, Year)	nployees are p	participating?
Organizations or individuals oth known to have a representative internone	ner than Petitioner and tho erest in any employees in	ose named in items the unit described	s 8 and 9, which have claim in item 5b above. (If none	ned recognition as rep , so state)	resentatives a	nd other organizations and individuals
10a. Name	10b. Ad	Idress	10c. Tel. No.			10d. Cell No.
				10e. Fax No.		10f, E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state your position			our position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s): 3/19/20 11c. Election Time(s): 5 - 7 a.m. and 1 - 3 p.m.				11d. Election Location(s): main break room		
12a Full Name of Petitioner (incl	luding local name and n nufacturing, Energy, Allied & Indi	umber) ustrial Service Workers	International Union, AFL-GIO, CLC	12b. Address (stre 60 Boulevard of the A	et and number Illies, Five Gate	r, city, state, and ZIP code) way Center Room 913Pittsburgh, PA 1522
12c. Full name of national or intern United Steel, Paper and Forestry,	ational labor organization	of which Petitions	er is an affiliate or constituer	nt (if none, so state)	- CAL	
12d. Tel No. (412) 562-2529	12e. Cell No. (412) 418-433	12e. Cell No. 12		12g. E-Mail bmanzolillo		Address
13. Representative of the Petition	ner who will accept serv	rice of all papers	for purposes of the repre-	sentation proceedin	g.	
13a. Name and Title Brad Man	zolillo, USW Organ	izing Counsel	13b. Address (street an 60 Boulevard of the Allies, F			
13c. Tel No. (412) 562-2529	13d. Cell No. (412) 418-433	3	13e. Fax No. (412) 562-2555	13f. E-Mail Ad bmanzolillo@u		
I declare that I have read the abo			rue to the best of my know	wledge and belief.		
Name (Print)	Signature /-		n Title		Date	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA
NATIONAL LABOR RELATIONS BOARD
RC PETITION

| DO NOT WRITE IN THIS SPACE | Date Filed | 3-3-20 |

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.inth.com/, submit an original of this Petition to an NLRB office in the Region in which the amployer concerned is located. The petition must be accompanied by both a showing of interest (see 65 below) and a certificate of service showing service or the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-605); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filled with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Sound proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2s. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Twinbrook Healthcare & Rehabilitation Cnt 3805 Field St. Erie, PA 16511 3a. Employer Representative - Name and Title: 3b. Address (If same as 2b - state same): same as 2h Thomas Foster, Administrator 3c. Tel. No. 3d Cell No 3e Fax No. 3f. E-Mail Address (814) 898-5600 814-265-1796 4b. Principal Product or Service 4a. Type of Establishment (Fectory, mine, wholesaler, etc.) 5a. City and State where unit is located: Long Term Care Nursing Facility Long Term Care Erie, PA 6s. Number of Employees in Unit 5b. Description of Unit Involved: Included: 18 All full time and regular part time Licensed Practical Nurses (LPNs)

Excluded: All other Complexes, including RNS, Professionals, Service + Maintenno,

Supervisors and Awards, as defined by the Act 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes

No Check One: 7a. Request for recognition se Bargathing Representative was made on (Date) end Employer declined recognition 3/3/20 on or about (Date) (If no reply received, so state). 7b. Patitioner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE 8f. E-Mail Address Se. Fax No. Bc. Tel. No. 8d. Cali No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affilation, if any: Recent Contract, If any (Month, Day, Year) If so, approximately how many amployees are participating? 9. is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Patitioner and those named in Itams 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10c. Tel. No. 10d. Cell No. 10b. Address 10a Nama 10f. E-Mail Address 10e. Fex No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Menual Mail Mixed Manual/Mail On site, multiple shift times 11d. Election Location(s): 11b. Election Cate(s): 11c. Election Time(s): 6:15am-7:45am, 2pm-4:15pm, 630-730pm | In facility 3/11/20 12b. Address (street and number, city, State and ZIP code). 12a. Full Name of Patitioner (including local name and number): 1500 N. 2nd Street, Harrisburg, PA 17102 SEIU Healthcare Pennsylvania 12c. Full name of national or international labor organization of which Petitioner is an effiliate or constituent (if none, so state): Service Employees International Union 12g, E-Mall Address 12e. Cell No. 12f. Fax No. 12d. Tel. No. iesse.wilderman@seiuhcpa.org 717-775-9986 717-238-8354 717-238-3030 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (sheet and number, city, State and ZIP code): 13a. Name and Title: 1500 N 2nd Street, Harrisburg, PA, 17102 Jesse Wilderman, Secretary Treasurer 13f. E-Mail Address 13d, Cell No. 13e Fax No. 13c. Tel. No. jesse.wilderman@seiuhcpa.org 717-238-8354 717-775-9986 717-775-9986 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Title meture Name (Print) 3/3/20 Secretary Treasurer Jesse Wilderman

WILLFUL FALSE STATEMENTS ON THIS ACTITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No. 06-RC-257392	3-3-20		

RC PETITION INSTRUCTIONS: Unless a-Filed using the Agency's website, **verwithingov/**, submit an original of this Patition to an NLRB office in the Region in which the employer concerned is located. The patition must be accompatied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the patition of: (1) the patition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filled with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Twinbrook Healthcare & Rehabilitation Cnt 3805 Field St, Erie, PA 16511 3a. Employer Representative - Name and Title: 3b. Address (If same as 2b - state same): Thomas Foster, Administrator same as 2b 3c. Tel. No. 3d. Cell No. 3e Fax No 3f, E-Mall Address (814) 898-5600 814-265-1796 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Long Term Care Nursing Facility Long Term Care Erie, PA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: All full time and regular part time Service and Maintenace Employees Excluded: All other employees including professional employees, RNs, LPNs, Supervisors and Guerls as defined by the Act 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

✓ Yes

No Check One: 7a. Request for recognition as Bergaining Representative was made on (Data) and Employer declined recognition on or about (Data) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8d. Cell No. 8f. E-Mall Address Bc. Tel. No. 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No if so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: On site, multiple shift times Manual Mail Mixed Manual/Mall 11d. Election Location(a): 11b. Election Date(s): 11c. Election Time(s): 6:15am-7:45am, 2pm-4:15pm, 630-730pm In facility 3/11/20 12s. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): SEIU Healthcare Pennsylvania 1500 N. 2nd Street, Harrisburg, PA 17102 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12d, Tel, No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 717-238-3030 717-775-9986 717-238-8354 jesse.wilderman@seiuhcpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code); 13a. Name and Title: 1500 N 2nd Street, Harrisburg, PA, 17102 Jesse Wilderman, Secretary Treasurer 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 717-775-9986 717-775-9986 717-238-8354 jesse.wilderman@seiuhcpa.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) Signature Jesse Wilderman 3/3/20 Secretary Treasurer

WILLFUL FALSE STATEMENTS ON THIS PÉTITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Brian T Kadlubek

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT	DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed				
06-RC-257435	3-4-20				

03/4/2020 10:41:46

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2862 William Penn Avenue PA Johnstown 15909-**NAES Corporation** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2862 William Penn Avenue PA Johnstown 15909-Robert Burchfield 3d. Cell No. 3f. E-Mail Address 3c Tel No 3e. Fax No. burchfield@cpvfairview.com (814) 924-0334 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Electric Utilities Electrical Power generation** Johnstown, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/04/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Three Weeks from today 11d. Election Location(s): 11c. Election Time(s): any convenient times for workers Plant 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Paul Cameron International Brotherhood of Electrical Workers, Local 459 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Electrical Workers, AFL-CIO 12g. E-Mail Address paulibew459@gmail.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (814) 535-7657 (814) 535-7655 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title The Benedum Trees Bldg., 10th Floor 223 Fourth Avenue PA Pittsburgh 15222-Brian T Kadlubek Attorney Gilardi, Oliver & Lomupo 13f. E-Mail Address 13d. Cell No. 13c. Tel No. 13e. Fax No. btkadlubek@lawgol.com (412) 391-9770 (412) 391-9780 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attorney

Brian T. Kadlubek

Attachment

Employees Included
All Production and Maintenance employees

Employees Excluded

All office, clerical, guards, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 06-RC-257937	Date Filed 3-12-20			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 409 Reighard Ave Williamsport PA 17701 General Cable 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 409 Reighard Ave Williamsport PA 17701 Barry Hill 31. E-Mail Address General Cable. Com 3c Tel. No. 3d. Cell No. bhill@gancab.com (570) 326-3771 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Factory/Manufacturing Wire/Cable Williamsport, PA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full and part time regular employees in the Utility Laborer, Shipping, Material Handling, Shift Tech, Electrician, 6b. Do a substantial number (30% Maintenance, Drawing, Stranding, Cabling, Rigid Frame, Extruder, and West Mill Groups or more) of the employees in the Excluded: unit wish to be represented by the Managers, Supervisors, Coordinators and Guards as defined in the act Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8c. Tel No. 8h. Date of Recognition or Certification 8) Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d Cell No. 10a, Name 10b. Address 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: V Manual Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): April 6, 2020 & April 7, 2020 5:30AM-9:30AM & 5:30PM-9:30PM both days Training Rooms 1, 2 & 3 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 500 Jordan Ave, Montoursville, PA 17754 International Brotherhood of Electrical Workers Local 812 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood Of Electrical Workers 12d. Tel No. 12e. Cell No. 12a. E-Mail Address 12f. Fax No. 518-703-2365 518-703-2365 maria vooris@ibew.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Maria L. Vooris 13b. Address (street and number, city, state, and ZIP code) 4 Clerview Terrace Rensselaer NY 12144 13c. Tel No. 13d. Cell No. 13f. E-Mail Address 518-703-2365 N/A maria_vooris@ibew.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Maria L. Vooris International Lead Organizer March 12, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No. Date Filed

INSTRUCTIONS: Unless e-Filed to employer concerned is located. It the employer and all other partie. Case Procedums (Fem. N. 1997)		Man Complete St.	The Control of the Co			
	812). The showing of inte	enest should a	tion; (2) Statement of Po	sition form (Form	NLRB-505); and (3) Descripti	ion of Panesantal
PURPOSE OF THIS PETITION: bargaining by Petitioner and Peti requests that the National Laborate. Name of Employer:	RC-CERTIFICATION OF	REPRESENT	ATIVE - A substantial num	ber of employees w	vish to be renmented for	any outer party.
ea. Name of Employer:						
Harborcreek Youth Services	3	5712 Ir	oquois Avenue, Har	borcreek, PA 16	nd number, City, State, ZIP cod	le):
3a. Employer Representative - Na	me and Title;	3h Addre	ss (if same as 2b - state s			
John Petulia, CEO		Same	es (n same as 20 - State s	ame):		
3c. Tel. No. 814-899-7664	3d. Cell No.	100	e. Fax No.	31. E-Mai	il Address	
4a. Type of Establishment (Factory	Type of Establishment (Factory, mine, wholesaler, etc.)		314-899-3075	jpetulla	illa@hys-erie.org	
Child and Family Social Service	ce Agency		4b. Principal Product or Service 5a. City and State where un		nit is located:	
6b. Description of Unit Involved:	30.10)		Social Services		Harborcreek, PA	
Included:					6a. Number of Employees	in Unit:
Maintenance and Housekeepi	ing				7	
Excluded:					6b. Do a substantial number	er (30% or more)
Check One: 🔀 7a. Request for re-			January Company		of the employees in the represented by the Petit	unit wish to be
OIL OI MOODE (FRAIG)	cognition as Bargaining Re	If no conductor	CONTRACTOR OF THE PARTY OF THE		and Employer declined recogniti	ioner? × Yes
7b. Petitioner is cu	mently recognized as Pare	minion Danson	and the same of th	cation under the Act	The second secon	
8a. Name of Recognized or Certific	ed Bargaining Agent (If n	none, so state)	8b. Address:	Sation direct hie Act		
						18
		180				
Bc. Tel. No.	8d. Cell No.	8	Fax No.	8f. E-Mail	Address	
Ro Additional of annual						
8g. Affiliation, if any:		8h. (Date of Recognition or Cert	ification 8i. Expirati	ion Date of Current or Most	
O to those and a state of the					ontract, if any (Month, Day, Year	
9. Is there now a strike or picketing a	at the Employer's establish	ment(s) involve	d? No If so, ap		iny employees are participating	
(Name of Labor Organization)				, has pickete	d the Employer since (Month, D	ay, Year)
10. Organizations or individuals other	r than Petitioner and those	named in item	s 8 and 9 which have clair	med recognition as a	representatives and other organ	
manual anomi to have a repre	esentative interest in any e	mployees in th	e unit described in item 5b	above. (If none, sa	state)	nizations and
None	esentative interest in any e	mployees in th	e unit described in item 5b	above. (If none, so	state)	nizations and
None	eschauve interest in any e	mployees in th	e unit described in item 5b	above. (If none, sa	state)	nizations and
None	eschauve interest in any e	mployees in th	e unit described in item 5b	above. (If none, so	io. 10d. Cell No.	
None I0a. Name	10b. Address	imployees in th	e unit described in item 50	10c. Tel. N	io. 10d. Cell No.	
None IOa. Name IT. Election Details: If the NLRB con	10b. Address	matter, state y	e unit described in item 50	10c. Tel. N	io. 10d. Cell No.	
None 10a. Name 11. Election Details: If the NLRB conscious two (2) of the selection two (2) of	10b. Address nducts and election in this weeks after filing of pe	matter, state y	e unit described in item 50	10c. Tel. N 10e Fax N any such election:	to. 10d. Cell No. 10f. E-Mail Addre	
None 10a. Name 11. Election Details: If the NLRB col Schedule the election two (2) of the Election Date(s):	10b. Address nducts and election in this weeks after filing of pe	matter, state y stition.	e unit described in item 50	10c. Tel. N 10e. Fax N any such election:	10d. Cell No. 10f. E-Mail Addre 11a. Election Type; Manual Mail Don Location(s):	186
None 10a. Name 11. Election Details: If the NLRB col Schedule the election two (2) of the Election Date(s): March 31 - April 1, 2020	nducts and election in this weeks after filing of pe	matter, state y stition. Time(s): p.m.	our position with respect to	10c. Tel. N 10e. Fax N any such election:	10d. Cell No. 10f. E-Mail Addre 11a. Election Type: Manual Mail Don Location(s): eek Youth Services	186
individuals known to have a representation of the North Nort	nducts and election in this weeks after filing of pe	matter, state y stition. Time(s): p.m.	our position with respect to	10c. Tel. N 10e Fax N any such election: 11d. Election Harborch	10d. Cell No. 10f. E-Mail Addre 11a. Election Type; Manual Mail Don Location(s):	Mixed Manual/Mail
None 10a. Name 11. Election Details: If the NLRB conscious to the election two (2) with Election Date(s): March 31 - April 1, 2020 12a. Full Name of Petitioner (including John Thompson) 2c. Full name of national or international conscious to the election of the ele	nducts and election in this weeks after filing of pe	matter, state y etition. Time(s): p.m. r);	our position with respect to 12b. Address (str. One Gateway	10c. Tel. N 10e Fax N 10e Fax N 11d. Election: Harboron y Center, Suite	10d. Cell No. 10f. E-Mail Addres 11a. Election Type: Manual Mail Don Location(s): eek Youth Services State and ZIP code : 1400, Pitttsburgh, PA 15/	Mixed Manual/Mail
None 1. Election Details: If the NLRB conscious to the election two (2) of the Election Date(s): March 31 - April 1, 2020 2a. Full Name of Petitioner (includition) Thompson 2c. Full name of national or international delectrical, Radio and March 2d. Tel. No.	nducts and election in this weeks after filing of pe	matter, state yetition. Time(s): p.m. r): which Petitione	our position with respect to 12b. Address (str. One Gateway	10c. Tel. N 10e Fax N 10e Fax N 11d. Election: Harboron y Center, Suite	10d. Cell No. 10f. E-Mail Addre 11a. Election Type: Manual Mail	Mixed Manual/Mail
None 1. Election Details: If the NLRB conscious of the NLRB conscious of the selection two (2) of the Election Date(s): March 31 - April 1, 2020 2a. Full Name of Petitioner (including Including Including Indianal Including Indianal In	10b. Address 10b. Address 10b. Address 10c. Election in this weeks after filing of pe 11c. Election 12 p.m 1 11c. Election 12 p.m 1	matter, state y etition. Time(s): p.m. r): which Petitione erica (UE)	12b. Address (str. One Gateway r is an affiliate or constitue	above. (If none, so 10c. Tel. N 10e. Fax N 10e. Fax N 11d. Election: Harboron 11d. Election Harboron (If none, so state) 12g. E-Mail john.thom	10d. Cell No. 10f. E-Mail Addres 11a. Election Type: Manual Mail Mail Manual Mail Mail Manual Mail Mail Mail Mail Manual Mail	Mixed Manual/Mail
None 10a. Name 11. Election Details: If the NLRB conscious the election two (2) with Election Date(s): March 31 - April 1, 2020 12a. Full Name of Petitioner (including John Thompson) 2c. Full name of national or international details and March 2d. Tel. No. 112-471-8919 3. Representative of the Petitioner 3a. Name and Title:	nducts and election in this weeks after filing of pe 11c. Election 12 p.m 1 ing local name and number onal labor organization of vachine Workers of Ame 12e. Cell No. 724-630-0878	matter, state y etition. Time(s): p.m. r/; which Petitione erica (UE) 121 41 of all papers i	12b. Address (str. One Gateway r is an affiliate or constitue	above. (If none, so 10c. Tel. N 10e. Fax N 10e. Fax N 11d. Election: Harboron eet and number, city Center, Suite 12g. E-Mail john.thom sentation proceedinber, city, State and	io. 10d. Cell No. 10f. E-Mail Addre 11a. Election Type: Manual Mail	Mixed Manual/Mail
None 10a. Name 11. Election Details: If the NLRB conscious the election two (2) with Election Date(s): March 31 - April 1, 2020 12a. Full Name of Petitioner (including John Thompson) 2c. Full name of national or international details and March 2d. Tel. No. 112-471-8919 3. Representative of the Petitioner 3a. Name and Title:	nducts and election in this weeks after filing of pe 11c. Election 12 p.m 1 ing local name and number onal labor organization of vachine Workers of Ame 12e. Cell No. 724-630-0878	matter, state y etition. Time(s): p.m. r/; which Petitione erica (UE) 121 41 of all papers i	12b. Address (str. One Gateway r is an affiliate or constitue Fax No. 2-471-8999 or purposes of the repre	above. (If none, so 10c. Tel. N 10e. Fax N 10e. Fax N 11d. Election: Harboron eet and number, city Center, Suite 12g. E-Mail john.thom sentation proceedinber, city, State and	io. 10d. Cell No. 10f. E-Mail Addre 11a. Election Type: Manual Mail	Mixed Manual/Mail
None 10a. Name 11. Election Details: if the NLRB colors of the election two (2) of the Election Date(s): March 31 - April 1, 2020 12a. Full Name of Petitioner (includity) 13b. Thompson 14c. Full name of national or international details of the Petitioner (includity) 15c. Full name of national or international details of the Petitioner (includity) 16c. Tel. No. 17c. Tel. No. 17c. Tel. No. 18c. Tel. No. 18c. Tel. No.	10b. Address Inducts and election in this weeks after filing of period of the second o	matter, state y etition. Time(s): p.m. r): which Petitione erica (UE) 121 41 of all papers i	12b. Address (str. One Gateway r is an affiliate or constitue Fax No. 2-471-8999 for purposes of the representation of the constitue of the co	above. (If none, so 10c. Tel. N 10e Fax N 10e Fax N 11d. Election: Harborch reet and number, city Center, Suite 12g. E-Mail john.thom sentation proceedinber, city, State and Suite 1 400, Pitts 13f. E-Mail	io. 10d. Cell No. 10f. E-Mail Addre 11a. Election Type: Manual Mail	Mixed Manual/Mail
None 1. Election Details: If the NLRB conscious the election two (2) with Election Date(s): March 31 - April 1, 2020 2a. Full Name of Petitioner (including International or International Online Electrical, Radio and March 31 - April 1, 2020 2c. Full name of national or International Direction of the Petitioner St. No. 12-471-8919 3. Representative of the Petitioner St. Name and Title: Ohn Thompson, UE International Co. Tel. No. 12-471-8919	nducts and election in this weeks after filing of pe 11c. Election 12 p.m 1 ing local name and number onal labor organization of vachine Workers of Ame 12e. Cell No. 724-630-0878 r who will accept service tional Representative 13d. Cell No. 724-630-0878	matter, state y etition. Time(s): p.m. r): which Petitione erica (UE) 121 41 of all papers 131 O1	12b. Address (str. One Gateway) r is an affiliate or constitue Fax No. 2-471-8999 or purposes of the representation of the constitue of the co	above. (If none, so 10c. Tel. N 10e. Fax N 10e. Fax N 11d. Election: Harboron eet and number, city Center, Suite 12g. E-Mail john.thom sentation proceedinber, city, State and Suite 1400, Pitts 13f. E-Mail john.thom	io. 10d. Cell No. 10f. E-Mail Addre 11a. Election Type: Manual Mail	Mixed Manual/Maif
None 11. Election Details: If the NLRB conscious to the Number of Petitioner (Including John Thompson) 12. Full name of national or international details and March 31 - April 1, 2020 12. Full name of national or international details and March 31 - April 1, 2020 12. Full name of national or international details and March 31 - April 32. Full name of national or international details and March 32. Full name of national or international details and March 32. Full name of national or international details and March 32. Full name and Title: International details and Title: International	nducts and election in this weeks after filing of pe 11c. Election 12 p.m 1 ing local name and number onal labor organization of vachine Workers of Ame 12e. Cell No. 724-630-0878 r who will accept service tional Representative 13d. Cell No. 724-630-0878	matter, state y etition. Time(s): p.m. r/; which Petitione erica (UE) 121 41 of all papers 131 Oliverments are t	12b. Address (str. One Gateway) r is an affiliate or constitue Fax No. 2-471-8999 or purposes of the representation of the constitue of the co	above. (If none, so 10c. Tel. N 10e. Fax N 10e. Fax N 11d. Election: Harboron eet and number, city Center, Suite 12g. E-Mail john.thom sentation proceedinber, city, State and Suite 1400, Pitts 13f. E-Mail john.thom	io. 10d. Cell No. 10f. E-Mail Addre 11a. Election Type: Manual Mail	Mixed Manual/Mail

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE			
O7-RC-257637	Date Filed 3-9-2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.rii/pygy/a), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 34133 Douglas Mechanical, LLC Schoolcraft Rd., Suite3, Livonia, Mi. 48150-1332 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Butcher (Registered Agent)

0. | 3d. Cell No. Same 3e. Fax No. 3f E-Mail Address Zach@ Douglas - Mechanical. com

5a. City and State where unit is located: 734-788-5241 313-749-916
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 313-749-9109 4b. Principal Product or Service Mechanical Contractor
5b. Description of Unit Involved: Livonia, Michigan HVAC Included: HVAC Workers, Full Time and Part Time out of Employers Facility 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No Excluded: Plumbers, Guards, Supervisors and Clerical Workers Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10b. Address 10c. Tel. No. 10a. Name 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mail Mixed Manual/Mail Manual 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): April 1,2020 Mail 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): Sheet Metal Air Rail and Transportation Workers 17100 West 12mile Road. 2nd floor Southfield, Mi. 48076 Local No. 80 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Sheet Metal, Air, Rail and Transportation Workers
12d Tol No. 12e. Cell No. 12f. Fex No. 12g. E-Mail Address abrzuszet@smw80.org. 248-557-0297 586-559-9099 248-557-7575 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 32300 Northwestern Highway, Suite 200 Farmington Hills, Mi. 48334-1567 Doug Korney, Counsel 13c. Tel. No. 13e. Fax No. 13f. E-Mail Address 248-865-92/4 | 248-865-92/8 | I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. 248-865-9218 Signature 3-9-2020 Alexander J. Brzuszek Organizer

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

13c. Tel No.

(616) 451-8496

Stasia Savage

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	RITE IN THIS SPACE
se No. 07-RC-257674	March 9, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2000 W Loop S Ste 1300. ive Nation Wordwide, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) ue Barsoum 11 Ottawa Ave NW MI Grand Rapids 49503-3c. Tel. No. 3d. Cell No. 3f. E-Mail Address suebarsoum@livenation.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Concert and Entertainment Grand Rapids, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: included: See Attached Page 2 for additional details 40 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: | Manual | Mail | Mixed Manual/Mail any such election. 11b. Election Date(s): March 25 11c. Election Time(s): 11d. Election Location(s): 10:00am -10:00pm 11 Ottawa NW Grand Rapids, MI 12a. Full Name of Petitioner (including local name and number) Stasia Savage
International Alliance of Theatrical Stage Employees, Local 26

International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, it Territories and Canada, 12b. Address (street and number, city, state, and ZIP code) 12e. Cell No. 12f. Fax No. 12g. E-Mail Address ssavage@iatse26.org (616) 742-5526 (616) 822-6640 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Michael Fayette Pinsky, Smith, Favette and Kennedy, LLP 146 Monroe Center Suite 805 MI Grand Rapids 49504-

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

13f. E-Mail Address mfayette@psfklaw.com

03/5/2020 13:52:00

Date

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the

13e. Fax No.

President

Signature

Stasia Savage

13d. Cell No.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Attachment

Case Date Filed

Employees Included

All full-time, part-time and on-call stagehands employed by LiveNation that are performing traditional stage related work.

Employees Excluded

To be excluded are guards, security, clerical, supervisors, managers, production assistants and runners.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE			
Case No. 07-RC-258307	Date Filed 3-23-2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 16001 West Nine Mile Rd. Ascension Providence Hospital Sou hfield 48075 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2400 York Mount Road NC Charlotte 28217-Cindy Noble 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (704) 328-4000 hrservicecenter@compassusa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Facili ies Hospital Southfield, MI 5b. Description of Unit Involved 6a. No. of Employees in Unit: 75 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 6, 2020 Mail Ballot 4 p.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 7700 Second Ave. Suite #314 MI Detroit 48202-12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
AFL-CIO 12g. E-Mail Address rthompson@miafscme.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (313) 477-8044 (313) 964-0230 (313) 964-1711 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No 13e. Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Reno Thompson Organizer 03/23/2020 10:04:56 Reno Thompson

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE			
Case Date Filed			
07-RC-258307	3-23-3030		

Employees Included EVS/Housekeepers, Housekeeper Aids and Floor Techs

Employees Excluded Supervisors and all others definted by the Act.

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case No.	
07-RD-257830)

Date Filed March 10, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the

employer and all other parti	es named in the petition	of:(1) the petition; (2) State	ement of Position form	(Form NLRB-505);	runcate of service snowing service on the and (3) Description of Representation yed on the employer or any other party.		
	sentative is no longer their	representative. The Petition thority pursuant to Section	ner alleges that the fol n 9 of the National Lab	lowing circumstance or Relations Act.	loyees assert that the certified or currently es exist and requests that the National		
2a, Name of Employer Rieth-Riley Construction Co., Inc.			of Establishment(s) invit Rd, PO Box 477		nber, cily, slate, ZIP code) 26		
3a. Employer Representative - Name and Title 3b. Ad			Address (If same as 2b - state name) 100 Chicago Dr SW, Wyoming, Mi 49519				
3c. Tel. No. 616-248-0920	3d, Fax No. 616-248-0928	3e. Cell No. 616-262-002	3f. E	3f. E-Mail Address cloney@rieth-riley.com			
4a. Type of Establishment (Fac. Asphalt paving and prod	ory, mine, wholesaler, etc uction, excavating,	oad building	4b. F	rincipal product or se	rvice		
5a. Description of Unit Involved Included: All full and regular part- Excluded: Guards and Supervisors			grading employee	s in Michigan	5b. City and State where unit is located: various locations throughout Michigan		
6. No. of Employees in Unit 16		itial number (30% or more) or mare) or mare)		unit no longer wish to	be represented by the certified or currently		
8a. Name of Recognized or Cer International Union of O	tified Bargaining Agent		Tes [] NO	8b, Affiliation, I	fany		
8c. Address 500 Hulet Drive			8d. Tel. No. 248-451-0324	8e. Cell No.			
Bloomfield Township, N	Ii 48302	**	8f. Fax No. 248-454-1766	8g. E-Mail Add	ress		
9. Date of Recognition or Certifi 11/02/1993	cation	10. Expiration D: 5/31/2018	ate of Current or Most F	Recent Contract, if any	(Month, Day, Year)		
11a. Is there now a strike or pic	keting at the Employer's e	stablishment(s) involved?	Yes No 11b.	If so, approximately h	ow many employees are participating? 12		
11c. The Employer has been pic	eketed by or on behalf of	(Insert Name) Internatio	nal Union of Oper	ating Engineers,	Local 324 a labor organization, of since (Month, Day, Year) 8/1/2019		
12. Organizations or individuals	other those named in item	eld Township, MI 483 ns 8 and 11c, which have cla	imed recognition as rep	resentatives and other	er organizations		
and individuals known to ha 12a. Name	ve a representative interes	st in any employees in the un	ilt described in item 5 al	Tel. No.	te) 12d. Fax No.		
None			12e.	Cell No.	12f. E-Mail Address		
is.			140.	out the	TEN E MISIT / NOTIONS		
13. Election Details: If the NLI matter, state your position w	RB conducts an election in ith respect to any such ele	this Decertification	13a.	Election Type: X Ma	anual Mail Mixed Manual/Mail		
13b.*Election Date(s) 4/16/2020 4/17/2020		Election Time(s) to 6:30 pm		Petoskey, Lansing, Grand Rapids, Kalamazoo			
14. Full Name of Petitioner (b) (6), (b) (7)(C)							
14a Address (Street and numb (b) (6), (b) (7)(C)	er, city, state, ZIP code)		14b. (b) (Tel. No. 6), (b) (7)(C)	14c, Fax No.		
	1		14d. (b) (Cell No. 6), (b) (7)(C)	14e, E-Mail Address (b) (6), (b) (7)(C)		
14f. Affiliation, if any Employe	e/Member						
15. Representative of the Peti	tioner who will accept so	ervice of all papers for pur	poses of the represent				
15a. Name			130.	Title			
15c. Address (Street and numb	er, city, state, ZIP code)		15d.	Tel. No.	15e. Fax No.		
			15f.	Cell No.	15g. E-Mail Address		
I declare that I have read the	above pet	V-IVA Verte en tous to t	he brok of my knowled	ge and belief.			
I declare that I have read the above pet (b) (6), (b) (7)(C) Name (Print) (b) (6), (b) (7)(C)			Title	Title Date Filed 3/10/2020			
WILLFUL FALSE STATEM		AND IMP	AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)				

FORM HURB-502 (RC) (2:18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WI	UTE IN THIS SPACE
Cess No.	Data Flied
00-00-257226	2/2/22

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's websits, whichits givin, submit an original of this Patition to an KLRB office in the Region in which the smployer concerned is located. The patition must be accompanied by both a showing of interest (see 8b below) and a cartiflosts of service showing service on the employer and all other parties named in the patition of: (1) the patition; (2) Statement of Position form (Form NLRB-605); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE DF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of amployees wish to be represented for purposes of oxisiothre bargaining by Pattioner and Potitioner desires to be certified as representative of the employees. The Pattioner alleges that the following circumstances andst and requests that the National Labor Relations Board proceed under its proper enthority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): SKYLIFT 3000 Leavitt Road Unit #6 Lorain, Ohio 44052 3e. Employer Representative - Name and Title: 3b. Address (Il semo es 2b - state como): Mike Naughton-COO, CFO same 3c. Tel. No. 3d. Call Ng. 2/6-469 3s. FER No. 31. E-Mail Address 440-960-2100 6780 440-960-2104 mike@skyliftus.com 48. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service fis. City and State where unit is located: Factory Lomin, Ohio easement specialty machinery 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: All hourly Production, Shipping/Receiving and Trades employees 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? All Managers, Supervisors, Office personnel and security as defined by the Act Check One: 7. Request for recognition as Bargaining Representative was made on (Date) 2-29-2020 and Employer declined recognition on or about (Date) NO REPLY (If no reply received, so state). on or about (Data) NO REPLY (If no reply received, so state).

7b. Petalloner is currently recognized as Bargaining Representative and desires certification under the Act. Sa. Name of Recognized or Certified Bergaining Agent (if none, as atate) | 8b. Address: none 8f. E-Mali Address Sc. Tel. No. 8d. Call No. Se. Fax No. 8h. Date of Recognition or Certification Bl. Expiration Date of Current or Most 8g. Affiliation, If any: Recent Contract, If any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Lebor Organization) 10. Organizations or individuals other than Petitioner and those named in learns 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c Tal No. 10b. Address 10a, Name none 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail Self release to vote 11c Election Time(s): 11b. Election Date(s): meeting room in shop area 9:00am until 10:30am 03/20/2020 12b. Address (streat and number, city, State and ZIP code): 12s. Full Hame of Petitioner (Including local name and number): 1691 Woodlands Drive Maumee, Ohio 43537 Christopher Viscomi UAW Region 2B 12c. Full name of national or international tebor organization of which Patitioner is an affiliato or constituent (if none, so state): International Union, United Automobile, Aerospace & Agricultural Implement Workers of America, UAW 121, Fex No. 12g. E-Meil Address 12e. Cell No. 12d. Tel. No. n/a cviscomi@uaw.net 440-623-3322 440-623-3322 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a, Name and Triler. 13f. E-Mail Address 13e, Fax No. 13d. Cell No. 13c, Tal. No. I declare that I have read the above petition and that the explements are true to the best of my knowledge and belief. Name (Print) 2/28/2020 International Servicing Rep. My beon Cchristopher Viscomi

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is earthorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information in to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, faiture to supply the information may cause the NLRB to decime to invoke its processes.

DocuSign Envelope ID: ED88B37B-F229-47E9-9C1D-4EFCD6F1091C

FORM NLRB-502 (RC)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE II	N THIS SPACE
Case No.	Date Filed
08-RC-257944	3/12/20

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, WWW. Illingov., submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: SIFCO INDUSTRIES, INC., FORGE 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 970 East 64th Street, Cleveland, Ohio 44103 GROUP 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Tania Zaripheh, DHR SAME 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 216-881-8600 tzaripheh@sifco.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Cleveland, Ohio Forge Shop 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: all the factory employees (referred to as the Main Bargaining Unit) 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? ☒ Yes ☐ No all guards, supervisors, clerks and employees covered by other CBAs Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Int'l Assoc. of Machinists and Aerospace Workers, P.O. Box 61, Nova, Ohio 44859 District No. 54, Lodge 439 (*disclaimed interest) P.O. Box 27, Dennison, Ohio 44621 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 614-239-0401 54@dl54.com 8g. Affiliation, if any: 8l. Expiration Date of Current or Most 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 05/15/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)
Int'l Assoc. of Machinists and Aerospace Workers, District No. 54, Lodge 439 (*disclaimed interest) 10b. Address 10c. Tel. No. 10d. Cell No. Int'l Assoc. of Machinists and 614-239-0401 P.O. Box 61, Nova, Ohio 44859 Aerospace Workers, District No. P.O. Box 27, Dennison, Ohio 44621 10e. Fax No. 10f. E-Mail Address 54, Lodge 439 54@dl54.com 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: X Manual Mail Mixed Manual/Mail 11b. Election Date(s) 11c. Election Time(s): 1d. Election Location(s) March 26, 2020 1:00 PM-3:00 PM and 9:30PM-11:30PM Employee Break Room 12a. Full Name of Petitioner (Including local name and number): 12b. Address (street and number, city, State and ZIP code): 753 State Ave., Ste. 570, Kansas City, Kansas 66101 International Brotherhood of Boilermakers 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 765-243-1963 jmauller@boilermakers.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 753 State Avc., Ste. 570, Kansas City, Kansas 66101 Mr. Jody Mauller, GLOC ISO 13c. Tel. No. 13e. Fax No. 13f. E-Mail Address 963 DocuSigned by: 765-243-1 imauller@boilermakers.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date 3/12/2020 Jody Mauller **GLOC ISO**

WILLFUL FALSE STATEMENTS ON THIS PETTION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

12d. Tel No.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE			
08-RC-258375	0ate Filed 3/24/20		

12g. E-Mail Address

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filled with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Lyon Video, Inc. / Video Crew Service, LLC, a single employer 2091 Arlingate Ln., Columbus, Ohio 43228-4113 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Chad Snyder, President; Stacia Fritchie; Josh Glenn Same as 2b. 3d. Cell No. 3e. Fax No. 31. E-Mail Address 614-297-0001 chad@lyonvideo.com; stacia@lyonvideo.com.josh@lyonvideo.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Sports telecasts Mobile television broadcasting / event crewing Cleveland, Ohio 5b. Description of Unit Involved 6a No of Employees in Unit 105 Included: See attachment 6b Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See attachment Petitioner? Yes / No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/09/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). no reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address попе 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 6i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b Address 10c Tel No 10a. Name 10d. Cell No. 10e Fax No. 10f F-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): Ballots commingled and counted 04/24/2020 mail ballots [see 11b & 11c] Mail ballots dispatched 04/06/2020; 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Alliance of Theatrical Stage Employees, AFL-CIO (IATSE) 207 West 25th Street, 4th Floor, NY NY 10001 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Alliance of Theatrical Stage Employees, Moving Picture Technicians, Artists and Allied Crafts of the United States, its Territories and Canada, AFL-CIO

12f. Fax No.

212-730-1770 917-499-9012 212-730-7809 ahealy@iatse.net

12e. Cell No

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Adrian D. Healy, Associate Counsel | 13b. Address (street and number, city, state, and ZIP code)

13a. Name and Title Adrian D. Healy, Associate Counsel 13b. Address (street and number, city, state, and ZIP co

13c. Tel No.
13d. Cell No.
13e. Fax No.
212-730-1770
13e. Fax No.
212-730-7809
13f. E-Mail Address ahealy@istse.net

Name (Print)

Adrian D. Healy

Signature

Associate Counsel

Date
March 24, 2020

WILLFUL FALSE STATEMENTS ON THIS PETITION OF BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT NLRB Form 502 (RC) Lyon Video, Inc. / Video Crew Service, LLC, a single employer

INCLUDED:

All freelance broadcast technicians, including Technical Directors (TD), Audio Mixers (A1), Audio Assistants (A2), Video Technicians (V1), Assistant Video Technicians (V2), Graphics Operators, Graphic Coordinators, Font Coordinators, Camera Operators (jib, stationary, mobile, and remotely operated cameras), Capture/Playback Operators (Videotape Operators [VTR], Digital Recording Device Operators [DDR], EVS Technicians, ERO Technicians), Score Box (Fox Box) Operators, Utility Technicians, Stage Managers, Statisticians [Stats Technicians], Phone ADs, and others in similar technical positions performing work, including pre-production, production and post-production work in connection with the telecasting of events at remote locations in Cuyahoga County, Ohio.

EXCLUDED:

All other employees, office clerical employees, and guards, professional employees and supervisors as defined in the Act.

NATIONAL LABOR RELATIONS BOARD REGION 8

DO NOT WRITE IN THIS SPACE Case No. 08-RD-257467 Date Filed

in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descri	l is located. The petiti e employer and all oth otion of Representation	on must er partie n Case I	be accompanied by s named in the pet Procedures (Form I	y both a showing ition of: (1) the pe	of inter	rest (see 2) State	e 6b below) and a certificate ment of Position form
with the NLRB and should not be 1. PURPOSE OF THIS PETITION: RD- recognized bargaining representative 1. Port Rolations Road proceed and	DECERTIFICATION (REM s no longer their representa	OVAL OF tive. The	REPRESENTATIVE) - / Petitioner alleges that	the following circum	stances	ees asser exist and	rt that the certified or currently I requests that the National
Labor Relations Board proceed und 2a. Name of Employer	F. 12 M. T. 18	2b. Ad	dress(es) of Establishm	ent(s) involved (Street	t and num	nber, city,	State, ZIP code)
THE DOVER TANK AND PLATE 3a. Employer Representative – Name a		3/23	Crown Rd NW, Doy 3b. Address (If same		9		
LUKE LAWLESS	1 00 0000		SAME AS ABOV	E			
3c. Tel. No. (330)343-4443	3d. Cell No.		3e. Fax No.		3f. E-1	Mail Addr	ess
4a. Type of Establishment (Factory, mine,		11.14.15.15.15.15	duct or service		1	5a. City a	and State where unit is located:
Factory	Struc	tural Stee	el Fabricating			Dover, (
5b. Description of Unit Involved		4					6a. No. of Employees in Unit:
Included: All full-time and regular Excluded: office clerical employees,				ned in the Act.			6b. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining
Check One: 7a. Request for	recognition as Bargaining R	enresenta	live was made on (Date	1	and Emplo		representative? Yes [X] No [] ned recognition on or about
	(Date) (If no rep	oly received	d, so state).			byer decin	neo recognition on about
Ba. Name of Recognized or Certified Ba	rgaining Agent	34	8b. Address			To Kill of	
International Brotherhood of Boile	A DESCRIPTION OF THE PARTY OF T			3th St, Cleveland, C	OH 44114-1887 8f. E-Mail Address		
8c. Tel No. (216) 241-2085	8d Cell No.		Be. Fax No.		8f. E-N	Mail Addre	ess
8g. Attiliation, if any	-		8h. Date of Recognition	or Certification	Contra		ate of Current or Most Recent (Month, Day, Year)
Is there now a strike or picketing at the (Name of labor organization)	27.21.7	has picke	eted the Employer since	Call to the second of the control of	y employe	ees are p	articipating?
 Organizations or individuals other than have a representative interest in any emp 					and other	rorganiza	tions and individuals known to
10a. Name	10b. Address	1700	Tarris Por Se	10c, Tel. No.	10		10d Cell No.
International Brotherhood of		t, Clevel:	and, OH 44114-		(216) 241-2085		400 F N=0 A dd
Boilermakers Local 744	1887			10e. Fax No.			10f. E-Mail Address
11. Election Details: If the NLRB conducts an election in this matter, state you any such election. 11b. Election Date(s): March 26, 2020 11c. Election Time(s): 5:30 AM to 6:30 AM			11d. Election Location(s):		Mail Mixed Manual/Mail		
12a. Full Name of Petitioner				12b. Address (street and number, city, state, and ZIP code)			ty, state, and ZIP code)
(b) (6), (b) (7)(C) 12c. Full name of national or international	labor organization of which	Petitioner	is an affiliate or constitu	(b) (6), (b) (7)(C) ent (if none, so state)			
12d. Tel No.	12e. Cell No. (b) (6), (b) (7)(C)		12f. Fax No.			-Mail Add	
13. Representative of the Petitioner who	o will accept service of all	papers fo	or purposes of the repr	resentation proceedir	ng.	, (-) (1) (C	
13a. Name and Title				and number, city, state	, and ZIP	code)	
(b) (6), (b) (7)(C)	Lawa ware		SAME AS ABOV	E	100 0		1017
13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE		13e, Fax No. SAME AS ABOV	F	10000000	Mail Add	
I declare that I have read the above pet	tion and that the stateme	nts are tru			J SAIVI	LAGA	BO (B)
Name (Print) (b) (6) (b) (7)(C)) (b), (b) (7)(C)		Title(b) (6), (b) (7)(0)	Da	ate 2	19.20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes. (b) (6), (b) (7)(C)

FORM NLRB-502 (RD)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NO	OT WRITE IN THIS SPACE	
Case No.	Date Filed	
08-RD-257948	3/13/2020	

RD PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.hirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 405 S Oak St. Marysville, OH 43040 Scioto Services LLC 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Matt Gloor, Site Supervisor 539 S Main St. Findlay, OH 45840 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address (419)280-9342 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Provides industrial cleaning services Findlay, OH Cleaning company 5b. Description of Unit Involved 6a, No. of Employees in Unit: Included: All janitorial/cleaning services employees 6b. Do a substantial number (30% or more) of the employees in the Excluded: Office elerical employees, professional employees, guards and supervisors as defined in the National Labor unit no longer wish to be Relations Act. represented by the certified or currently recognized bargaining representative? Yes [X] No Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state), 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent 8b. Address 7441 International Dr., Holland, OH 43528 United Food and Commercial Workers Union, Local 75 Bc. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address (419)913-9664 (419)865-8674 info@ufcw75.org 8i. Expiration Date of Current or Most Recent 8c. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 6/27/20 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? No (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10c. Tel. No. 10a. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: X Manual_ Mail any such election 11b. Election Date(s): Wcdnesday April 15, 2020 | 11c. Election Time(s): 1430 - 1630 11d. Election Location(s): Off Site / Findlay Inn d number, city, state, and ZIP code) 12a. Full Name of Petitioner (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) IZC. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 2g. E-Mail Address 12d Tel No 12f, Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding Address (street and number, city, state, and ZIP code) 13a. Name and Title (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 3f F-Mail Address 13e. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. s(b) (6), (b) (7)(C) Title Date (b) (6), (b) (7)(C) Petitioner

E PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMEN

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT	WRITE IN THIS SPACE
Case No.	Date Filed
09-RC-257491	March 5, 2020

INSTRUCTIONS: Unless e-Filed in which the employer concern of service showing service on t (Form NLRB-505); and (3) Desc with the NLRB and should not the service of the se	ed is locatedTh he employer and ription of Repres	e petition must all other partie entation Case	t be accompanied by it es named in the petition Procedures (Form NL	both a showing on of: (1) the pet	of interest (se ition; (2) Stat	ee 6b below) and a certificate ement of Position form
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	-CERTIFICATION OF er desires to be certifi	REPRESENTAT ed as representati eed under its pro	IVE - A substantial number we of the employees. The	Petitioner alleges to Section 9 of the N	that the following	g circumstances exist and telations Act.
2a. Name of Employer		2b. Ac	ddress(es) of Establishmen 827 S, English Station Rd.	t(s) involved (Street	and number, cm	V, State, ZIP code)
Quickway Carriers		Ŕ	Y Louisville 40299-	At		
Sa. Employer Representative - Name	and the		3b. Address (If same as			ě.
Kerrie Evola 3c. Tel. No.	3d. Cell No.		2827 S. English S RY Louisville 4029	9-	3f. E-Mail Add	Irace
(502) 708-1300	Su. Cell No.		3e. Fax No.		kerrye@quickw	
4a. Type of Establishment (Factory, mlr	ne wholessler etc.	I dh Debalasi se	(502) 708-1320		III. STATE IS NOT A STATE OF THE STATE OF TH	and State where unit is located:
Trucking	ie, wholesaler, etc.)	4b, Principal pro			Sa. Oily	Louisville KY
5b. Description of Unit Involved			grocery			6a. No. of Employees in Unit:
Contract of the second	and a delication					77
Included: See Attached Page 2 for ad	ditional details					6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	ditional details					or more) of the employees in the unit wish to be represented by the Petitioner? Yes [v] No [1]
01/23/202	(Date) is currently recognize	(if no reply receive ed as Bargaining R	ative was made on (Date) on add, so state). Yes depresentative and desires on the state of the s		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	lined recognition on or about
The second secon						
Sc. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any					8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or individuals other the known to have a representative interest.	an Petitioner and tho	, has pic	keted the Employer since (f	ed recognition as re	PATRICE SEE	
10a. Name	10b. Ad	dress	10-01	10c. Tel. No.		10d. Cell No.
				10e, Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB cond any such election.	lucts an election in thi	s matter, state you	ur position with respect to	11a. Election Type	e: 🔽 Manual J	Mail Mixed Manual/Mail
11b. Election Date(s): March 27, 2020	11c. El 4am to	ection Time(s): 8pm		11d. Election Location(s); Quickway utility room		
12a. Full Name of Petitioner (including local name and number) Bryan Trafford Teamsters Local 89				12b. Address (street and number, city, state, and ZIP code) 3813 Taylor Blvd RY [bustle 40215-		
12c. Full name of national or internation International Brotherhood of Teamsters	al labor organization	of which Petitioner	r is an affiliate or constituen	t (If none, so state)		
12d. Tel No. (706) 564-7002	12e. Cell No.		12f. Fax No. 12g. E- (502) 366-2009 btraffor			ddress msters89.com
13. Representative of the Petitioner v 13a. Name and Title	ho will accept servi	ce of all papers f	or purposes of the repres			
13c, Tel No.	13d, Cell No.	2/5	13e. Fax No.		13f. E-Mail A	ddress
I declare that I have read the above p	etition and that the	statements are tr	ue to the best of my know	viedge and belief.		
	Signature Bryan Trafford		Title Organizer		Date	00:55:10

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
09-RC-257491	March 5, 2020

Employees Included all full time drivers, part time drivers, and dispatchers

Employees Excluded all office clerical employees, temporary employees, professional employees, guards, and supervisors as defined in the act

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	Т
09-RC-258309	3-23-2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2553 Dulles View Drive Suite 700 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2553 Dulles View Drive Suite 700 VA Herndon 20171-Ladonna Lainhart 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address ladonna lainhart@ldrmllc.com (606) 524-2303 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Consular Center Support Services Williamsburg, KY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 388 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/23/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 6, 2020 n/a n/a 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Mark Meinster United Electrical, Radio and Machine Workers of America (UE) 37 S. Ashland Ave 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Electrical, Radio and Machine Workers of America (UE) 12g. E-Mail Address mark.meinster@ueunion.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (773) 405-3022 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date International Representative Mark Meinster 03/23/2020 10:49:33 Mark Meinster WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE		
	Date Filed	
00 DC 258300	3-23-2020	

Employees Included

All full-time and regular part-time hourly employees of the employer working at the Kentucky Consular Center, 3505 Highway 25, Williamsburg, KY.

Employees Excluded

Professional employees, managerial employees, guards and supervisors as defined by the Act.

Case

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RM PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 09-RM-258504	Date Filed 3-27-2020	

in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer/Petitioner Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 101 Mills Place New Lebanon SNF, LLC d/b/a SKLD New Lebanon OH New Lebanon 45345-3a. Employer/Petitioner Representative - Name and Tille 3b. Address (If same as 2b – state same) 101 Mills Place Janice Ferris Administrator OH New Lebanon 45345 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No (937) 687-1311 (937) 389-9358 (937) 687-3991 JFerris@illuminate-hc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Nursing Home/Long Term Care 5a. Description of Unit Involved 5b. City and State where unit is located Included: See Attached Page 2 for additional details New Lebanon, OH 6. No. of Employees in Unit: Excluded: See Attached Page 2 for additional details 58 Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable A labor organization made a demand for recognition on the Employer/Petitioner on (Date) The Employer/Peti ioner has a good faith uncertainty about majority support for an existing representative 8a. Recognized or Certified Bargaining Agent - Name Carol Walters 8b. Affiliation, if any SEIU/District 1199 WV/KY/OH The Health Care and Social Service Union CTW CLC Service Employees International Union (SEIU) 8e. Cell No. 8d. Tel. No (740) 709-9004 (614) 461-1198 1395 Dublin Road 8g. E-Mail Address 8f. Fax No. OH Columbus 43215-(614) 461-1549 cwalters@seiu1199.org 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2020 11. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 12. Organizations or individuals other than those named in item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organiza ions and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name and affiliation if any 12b. Address 12c. Tel. No. 12d. Cell No. 12e. Fax No. 12f. E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 13a. Election Type: 7 Manual Mail Mixed Manual/Mail any such election 13d. Election Location(s) 13b. Election Date(s): 13c. Election Time(s): May 1, 2020 1:00 p m. - 2:30 p.m. and 6:30 p.m. - 8:30 p.m. Employee Break Room 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, state, and ZIP code) 30100 Chagrin Bourlevard Suite 350 14a. Name and Title Robert C Pivonka Counsel Rolf Goffman Martin Lang LLP OH Cleveland 44124-14c. Tel No. 14f F-Mail Address 14d Cell No. 14e Fax No. Pivonka@RolfLaw.com (216) 682-2109 (216) 401-2827 (216) 682-2109 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Counsel Robert C Pivonka Robert C Pivonka 03/27/2020 12:44:18

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB Office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
09-RM-258504	3-27-2020	

Employees Included

STNAs, Nursing Assistants, Rehabilitation Aides, Restorative Aides, Central Supply Clerks, Dietary Aides, Cooks, Housekeeping, Floor Care, Laundry, Activities Assistants, Maintenance Assistant and specified named Receptionist

Employees Excluded

RNs, LPNs, Confidential Employees, Business and Office Clerical, Receptionists, Beauticians, Schedulers, Guards and Supersvisors

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 10-RC-257531	Date Filed 03/06/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4600 Newbern Rd VA Pulaski 24301-Appalachian Power Company 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 500 Lee St East WV Charleston 25301 Jaime Beckelhimer 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (304) 348-4159 jbeckelhimer@aep com (304) 348-4163 (304) 552-7517 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Electricity distribution and service. Pulaski, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 03/26/2020 11c. Election Time(s): 11d. Election Location(s): 7:00 AM to 7:30 AM Appalachian Power 4600 Newbern Rd, Pulaski, VA 24301 at an appropria 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) DALE MCCRAY LOCAL UNION 978, NTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO WY TERRA ALTA 26764 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, AFL-CIO 12g. E-Mail Address dale mccray@ibew.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (304) 841-2140 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date LEAD ORGANIZER Dale McCray DALE MCCRAY 03/6/2020 08:46:06

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
10-RC-257531	03/06/2020	

Employees Included

All full-time and part-time Line Mechanics and Line Servicer employees employed by the Employer at its Pulaski, VA facility.

Employees Excluded

All other employees, office clerical employees, confidential employees, managers, and all professional employees, guards and supervisors as defined in the Act.

Anthony J. Tucci

WILLFUL FALSE STATEMENTS ON

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE
Date Filed 03 06 20

March 6, 2020

10-RC-257615 03-06-2020 RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Mission Hospital 509 Biltmore Ave, Asheville, NC 28801; 428 Biltmore Ave., Asheville, NC 28801 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Chad Patrick, CEO 509 Biltmore Ave, Asheville, NC 28801 3c. Tel. No. 3f. E-Mail Address 3d Cell No. 3e Fax No. (828) 213-1111 (828)213-1151 chad.patrick@hcahealthcare.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Acute Care Hospital Healthcare Asheville, North Carolina 5b. Description of Unit Involved 6a. No. of Employees in Unit: 1600 Included: See Attachment A 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attachment A unit wish to be represented by the Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb: Address None 8c. Tel No. Bd Cell No. Re Fax No. Br F-Mail Address 8g Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9 Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a, Election Type: / Manual Mixed Manual/Mail any such election. 11b Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 16, 2020 6am-9am; 12pm-2pm; 6pm-9pm Old Cafeteria - 509 Biltmore Ave. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) National Nurses Organizing Committee-North Carolina/National Nurses United 155 Grand Ave., Oakland, CA 94612 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) 12e. Cell No. 12f Fax No. 12g. E-Mail Address 510-273-2200 510-663-4822 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a Name and Title Anthony J. Tucci, Legal Counsel 13b. Address (street and number, city, state, and ZIP code) 155 Grand Ave., Oakland, CA 94612 13c. Tel No. 13d. Cell No. 13e, Fax No. 13f. E-Mail Address 510-663-4822 atucci@nationalnursesunited.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Legal Counsel BE PUNISHED BY FINE AND PRIVACY ACT STATEMENT

THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment A

RC Petition Mission Hospital

by National Nurses Organizing Committee-North Carolina/National Nurses United (NNOC-North Carolina/NNU)

5. Unit Involved

Included:

All full-time, regular part-time, and per diem Registered Nurses, employed by the Employer at its facility located at 509 Biltmore Ave., Asheville, NC 28801 and 428 Biltmore Ave., Asheville, NC 28801.

Excluded:

All other employees, guards, supervisors and other professional employees as defined in the Act.

Eligibility date is pay period ending Saturday, February 29, 2020.

Per diem nurses are eligible to vote if they have regularly averaged four hours or more per week in the 13 weeks before February 29, 2020, eligibility date. *Davison-Paxon Co.*, 185 N.L.R.B. 21 (1970).

Dwayne Phillips

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WRITE IN THIS SPACE
ase No	Date Filed

Case No. 10-RC-257846

March 11, 2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Allied Universal 86 South Cobb Dr., Marietta, GA 30060 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) David Chapla, VP labor Relations 161 Washington St., Suite 600, Conshohocken, PA 19428 3d. Cell No. 3f. E-Mail Address 484-351-1418 484-351-1419 david.chapla@aus.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Production Facility Aircraft Production Marietta, GA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, LEAD OFFICERS AND CAPTAINS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS 6b. Do a substantial number (30% ACT, EMPLOYED BY ALLIED UNIVERSAL @ 86 SOUTH COBB DR., MARIETTA, GA or more) of the employees in the unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). NO 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): 5:00-7:00 AM & 1:00-3:00 PM VISITORS LOBBY 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union, Security, Police and Fire Professionals of America (SPFPA) 25510 Kelly Road, Roseville, MI 48066 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12e Cell No. 12f Fax No. 12g. E-Mail Address 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13e. Fax No. 13c. Tel No. 13d. Cell No. 13f. E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date

Organizing Director WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

3/10/2020

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD DO NOT WRITE IN THIS SPACE

Case No. Date Filed "RC PETITION 10-RC-258012 March 13, 2020 correct INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code). 2a. Name of Employer: Walden Security, Inc. 100 East Tenth St. Suite 400 Chattanooga, TN. 37402 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same). Mr. Dick Wong Same as above Executive V.P., Federal Business Developem 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (404) 304-3006 (423) 702-8204 dick.wong@waldensecurity.com 4a. Type of Establishment (Factory, mine, wholesaler, etc., 5a. City and State where unit is located: 4b. Principal Product or Service Federal Security Service Contractor (USMS) Anniston, Huntsville, Decatur, AL. Federal Court Security 5b. Description of Unit Involved: 6a, Number of Employees in Unit: included: All Full-time and Share-time CSO and LCSO working in the locations listed in 5a. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes All other Walden Security employees who are or would work at the locations in 5a. ▼ 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address NONE N/A 8f, E-Mail Address N/A 8c. Tel. No. 8d. Cell No. Be. Fax No. N/A N/A N/A 8g. Affiliation, if any: 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. N/A N/A N/A N/A 10e, Fax No. 10f. E-Mail Address N/A N/A 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a, Election Type: Association Representative Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 04/01/2020 Mail Ballots to Employees N/A 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 2106 Lancelot Dr. S.W. Decatur, AL. 35603-1125 Northeast Alabama Court Security Officers Benevolent 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): NONE 12d. Tel. No. 12e. Cell No. 12f Fax No. 12g. E-Mail Address (256) 566-0942 N/A rogerholt@charter.net 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code). Roger W. Holt 2106 Lancelot Dr. S.W. Decatur, AL, 35603-1125 13c. Tel. No. 13d, Cell No 13e, Fax No. 13f. E-Mail Address (256) 566-0942 N/A rogerholt@charter.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Roger W. Holt 03/13/20 Association Representative

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg, 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes,

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

DO NOT WRITE IN THIS SPACE

10-RC-258073

Date Filed March 16, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONEC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) WORKFORCE RESOURCES, INC. 200 S. POINDEXTER STREET, ELIZABETH, NC 27909 3a. Employer Representative - Name and Title CHARLENE T. WADE - HUMAN RESOURCES 3b, Parent Company Address (If same as 2b - state same) 8181 PROFESSIONAL PLACE, SUITE 260, HYATTSVILLE, MD 20785 3c Tel No. 3d. Cell No 3d. E-Mail Address 252-331-1874 301-459-9677 301-459-9675 CTWADE@WKFORCERESOURCES.COM 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: AIRCRAFT REPAIR/OVERHAUL SERVICE CONTRACT ELIZABETH CITY, NC 5b, Description of Unit Involved 6a, No. of Employees in Unit: included: ALL FULL AND REGULAR PART TIME PRODUCTION CONTROLLERS, AIRCRAFT ELECTRICIANS, ELECTRICIAN HELPERS, 20 6b. Do a substantial number (30% AIRCRAFT MECHANICS I, II, AND II, AIRCRAFT WORKERS, AIRCRAFT HELPERS, AIRCRAFT PAINTERS, AND SUPPLY or more) of the employees in the TECHNICIANS WORKING AT WORKFORCE RESOURCES INC. IN ELIZABETH CITY, NO. unit wish to be represented by the Petitioner? Yes V No OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, SUPERVISORS, AS DEFINED IN THE ACT. Check One: 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about ____(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE N/A 8c, Tel, No. 8d, Cell No. 8f, E-Mail Address 8e. Fax No N/A N/A N/A 8g. Affiliation, if any 81. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day. Year) N/A N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? N/A If so, approximately how many employees are participating?_ (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10b. Address 10c. Tel. No. N/A 10e, Fax No. N/A 10f, E-Mail Address N/A N/A N/A 11a. Election Type: N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail any such election Mixed Manual/Mail ✓ Manual 11b, Election Date(s) 11c. Election Time(s): 11d. Election Location(s): **BREAK ROOM** 12:00 PM - 1:00 PM & 3:00 PM - 3:30 PM APRIL 7, 2020

13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c Tel No 13d. Cell No.

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO

13d. E-Mail Address 13e, Fax No. JLITTLE@IAMAW.ORG

12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011

DATE

12g. E-Mail Address

817-505-0100 682-401-7835 817-459-0107 I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

12e. Cell No.

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

12 a. Full Name of Petitioner (including local name and number)

IAMAW, AFL-CIO

817-505-0100

12d, Tel. No

GRAND LODGE REPRESENTATIVE 03/16/2020 JAMES R. LITTLE WILLFUL FALSE STAN EMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

12f. Fax No

817-459-0107

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.0 § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942- 43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE

Case No.

RC PETITION

10-RC-258074

March 17, 2020 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on

		terest should only be filed wit			100000000000000000000000000000000000000	any valor party.
bargaining by Petitioner and	Petitioner desires to be certi-	F REPRESENTATIVE - A subst fied as representative of the em ceed under its proper authorit	ployees. The Petitione	r alleges tha	t the following circumst	ances exist and
2a. Name of Employer:				ber, City, State, ZIP code):	
The Roanoke Times		201 Campbell Avenue SW, Roanoke, V			. 24011	
3a, Employer Representative	- Name and Title:	3b. Address (if same as 2	2b - state same):			
John Jordan, Interim	Publisher	[same]				
3c. Tel. No.	3d. Cell No.	3e. Fax No.	1.3	f. E-Mail Addr		
540-981-3326		All Dissipation D			n@bhmginc.com	41 L L L
 Type of Establishment (Factories) newspaper 	ory, mine, wholesaler, etc.)	4b. Principal Pro news	oduct or Service	100	a. City and State where u Roanoke, Virginia	nit is located;
5b. Description of Unit Involve	ed:			6	a. Number of Employees	in Unit:
Included: All full- and regular p	art-time newsroom	employees			53	
Excluded: supervisors, manageri	al employees, confid	dential employees and	guards defined i		 Do a substantial number of the employees in the represented by the Peti 	unit wish to be
		Representative was made on (E			mployer declined recogni	The second secon
on or about (I		(If no reply received, so state)				
		argaining Representative and de		er the Act.		
8a. Name of Recognized or Co	ertified Bargaining Agent (If none, so state) 8b. Address	5.			
On Tal Na	Od Call No	Qo Cov No	l d	Bf. E-Mail Add	****	
8c. Tel. No.	8d. Cell No.	8e. Fax No.		or. E-Iviali Add	ress	
8g. Affiliation, if any:		8h. Date of Recogn	3h. Date of Recognition or Certification 8i. Exp		xpiration Date of Current or Most	
The state of the s						
					ct, if any (Month, Day, Ye	ear)
	ting at the Employer's establ		F	Recent Contra		0
	Section of the sectio		If so, approximate	Recent Contra	ct, if any (Month, Day, Ye	ng?
Is there now a strike or picke (Name of Labor Organization)		If so, approximatel	Recent Contra ly how many e as picketed the	ct, if any (Month, Day, Ye employees are participating e Employer since (Month,	ng? Day, Year)
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals	other than Petitioner and the	ishment(s) involved? No	If so, approximatel , ha ich have claimed recog	Recent Contra ly how many e as picketed the unition as repr	ct, if any (Month, Day, Yee employees are participating e Employer since (Month, esentatives and other org	ng? Day, Year)
Is there now a strike or picke (Name of Labor Organization Organizations or individuals	other than Petitioner and the	ishment(s) involved? No voice named in items 8 and 9, when y employees in the unit describe	If so, approximate, ha ich have claimed recoged in item 5b above. (If	Recent Contra ly how many e as picketed the unition as repr	ct, if any (Month, Day, Yee employees are participating e Employer since (Month, esentatives and other org	ng? Day, Year)
Is there now a strike or picke (Name of Labor Organization Organizations or individuals individuals known to have a) other than Petitioner and the representative interest in an	ishment(s) involved? No voice named in items 8 and 9, when y employees in the unit describe	If so, approximate, ha ich have claimed recoged in item 5b above. (If	Recent Contra ly how many e as picketed the inition as repr none, so stat 10c. Tel. No.	employees are participating Employees are participating Employer since (Month, esentatives and other orge) 10d, Cell No.	ng? Day, Year) anizations and
Is there now a strike or picke (Name of Labor Organization Organizations or individuals individuals known to have a) other than Petitioner and the representative interest in an	ishment(s) involved? No voice named in items 8 and 9, when y employees in the unit describe	If so, approximate, ha ich have claimed recoged in item 5b above. (If	Necent Contra ly how many e as picketed the mittion as repre- none, so state	employees are participating employees are participating e Employer since (Month, esentatives and other org e)	ng? Day, Year) anizations and
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name	other than Petitioner and the representative interest in an 10b. Address	ishment(s) involved? No voice named in items 8 and 9, when y employees in the unit describe	If so, approximate, ha ich have claimed recoged in item 5b above. (If	Recent Contra ly how many e as picketed the inition as repr none, so stat 10c. Tel. No.	employees are participating Employees are participating Employer since (Month, esentatives and other orge) 10d. Cell No. 10f. E-Mail Add	ng? Day, Year) anizations and
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name	other than Petitioner and the representative interest in an 10b. Address	ishment(s) involved? No voice named in items 8 and 9, when y employees in the unit describe	If so, approximate, ha ich have claimed recoged in item 5b above. (If	Recent Contra ly how many e as picketed the inition as repr none, so stat 10c. Tel. No. 10e. Fax No.	employees are participating Employees are participating Employer since (Month, esentatives and other orge) 10d. Cell No. 10f. E-Mail Add	ng? Day, Year) anizations and dress
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF	other than Petitioner and the representative interest in an 10b. Address and election in the representative and election in the representative interest in an 10b.	ishment(s) involved? No voice named in items 8 and 9, when y employees in the unit describe	If so, approximate, ha ich have claimed recoged in item 5b above. (If	Recent Contra ly how many e as picketed the inition as repr none, so stat 10c. Tel. No. 10e. Fax No.	employees are participating Employees are participating Employer since (Month, esentatives and other orge) 10d. Cell No. 10f. E-Mail Add a. Election Type: Manual Mail	ng? Day, Year) anizations and dress
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020	other than Petitioner and the representative interest in an 10b. Address and election in 11c. Election 11c.	ishment(s) involved? No see named in items 8 and 9, why employees in the unit describe ess. this matter, state your position when the control of the contro	If so, approximate, ha ich have claimed recoged in item 5b above. (If	Necent Contrally how many eas picketed the prition as represented the prition as represented to	ict, if any (Month, Day, Yee employees are participatir e Employer since (Month, esentatives and other org e) 10d. Cell No. 10f. E-Mail Add a. Election Type: Manual Mail [Location(s):	ng? Day, Year) anizations and dress
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020	other than Petitioner and the representative interest in an 10b. Address and election in 11c. Election 11c.	ishment(s) involved? No see named in items 8 and 9, why employees in the unit describe ess whis matter, state your position when the control of the control	If so, approximate , ha ich have claimed recoged in item 5b above. (If the interpretation of the ich have claimed recoged in item 5b above.) Address (street and not interpretation of the ich have claimed recognition of the ich have claimed recognition of the ich have claimed recognition.)	Necent Contrally how many eas picketed the phition as represented the phition as represented to	a. Election Type: Manual Mail Catter and ZIP code):	ng? Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020	other than Petitioner and the representative interest in an analysis of the second of	ishment(s) involved? No see named in items 8 and 9, why employees in the unit describe ess whis matter, state your position when the control of the control	If so, approximate , ha ich have claimed recoged in item 5b above. (If the interpretation of the ich have claimed recoged in item 5b above.) Address (street and not interpretation of the ich have claimed recognition of the ich have claimed recognition of the ich have claimed recognition.)	Necent Contrally how many eas picketed the phition as represented the phition as represented to	ict, if any (Month, Day, Yee employees are participatir e Employer since (Month, esentatives and other org e) 10d. Cell No. 10f. E-Mail Add a. Election Type: Manual Mail [Location(s):	ng? Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (other than Petitioner and the representative interest in an analysis of the second sec	ishment(s) involved? No see named in items 8 and 9, why employees in the unit describe ess this matter, state your position within Time(s): 12b. 12b.	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such Address (street and note 225 Eye Street Note 1 in 1 i	Recent Contrally how many eas picketed the mition as represented. No. 10c. Tel. No. 10c. Fax No. 11d. Election: 11 11d. Election I 11d. Election I 11d. Wy, Wash	a. Election Type: Manual Mail Catter and ZIP code):	ng? Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo	other than Petitioner and the representative interest in an analysis of the second of	ishment(s) involved? No see named in items 8 and 9, why employees in the unit describe ess this matter, state your position within matter, state your position within Time(s): 12b. 12c.	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such Address (street and note 225 Eye Street Note or constituent (if none	Recent Contrally how many eas picketed the mition as represented. No. 10c. Tel. No. 10c. Fax No. 11d. Election: 11 11d. Election I 11d. Election I 11d. Wy, Wash	a. Election Type: Manual Mail Catter and ZIP code):	ng? Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo	other than Petitioner and the representative interest in an analysis of the second of	ishment(s) involved? No see named in items 8 and 9, why employees in the unit describe ess this matter, state your position within Time(s): 12b. 12b.	If so, approximate, ha ich have claimed recoged in item 5b above. (If with respect to any such Address (street and notes 225 Eye Street Notes or constituent (if none CIO, CLC	Recent Contrally how many eas picketed the mition as represented. No. 10c. Tel. No. 10c. Fax No. 11d. Election: 11 11d. Election I 11d. Election I 11d. Wy, Wash	a. Election Type: Manual Mail Catter and ZIP code): Interest and ZIP code): Interest and ZIP code):	ng? Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLi 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co	other than Petitioner and the representative interest in an analysis of the second of	ishment(s) involved? No see named in items 8 and 9, why employees in the unit describe ess this matter, state your position which Petitioner is an affiliation of which Petitioner is an affiliations of America, AFL-	If so, approximate, ha ich have claimed recoged in item 5b above. (If with respect to any such Address (street and note 225 Eye Street Note or constituent (if none CIO, CLC	Recent Contrally how many eas picketed the prition as represented the prition as represented to	a. Election Type: Manual Mail Catter and ZIP code): Interest and ZIP code):	ng? Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11b. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co 12d. Tel. No. 202-785-3650 x13 13. Representative of the Petition	other than Petitioner and the representative interest in an analysis of the representation of the representative interest in an analysis of the representation of the representati	ishment(s) involved? No ose named in items 8 and 9, when y employees in the unit described assets this matter, state your position which retitioner is an affiliate ters of America, AFL- 12f. Fax No. vice of all papers for purposes	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such a 225 Eye Street Note or constituent (If none CIO, CLC	Recent Contrally how many eas picketed the printion as represented the printion as represented to the printion of the printion	ict, if any (Month, Day, Yes employees are participatir e Employer since (Month, esentatives and other org e) 10d. Cell No. 10f. E-Mail Add a. Election Type: Manual Mail [Location(s): itate and ZIP code): itington, DC 20005	ng? Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co 12d. Tel. No. 202-785-3650 x13 13. Representative of the Pet 13a. Name and Title:	other than Petitioner and the representative interest in an analysis of the representation of the representative interest in an analysis of the representation of the representati	ishment(s) involved? No ose named in items 8 and 9, when y employees in the unit described assets this matter, state your position which retitioner is an affiliate ters of America, AFL- 12f. Fax No. vice of all papers for purposes 13b. Address (s	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such a constituent (If none CIO, CLC softhe representation street and number, city,	Recent Contrally how many eas picketed the printion as represented. In the printion as represented to the printion as represented to the printion of the print	ict, if any (Month, Day, Yes employees are participating e Employer since (Month, esentatives and other org e) 10d. Cell No. 10f. E-Mail Add a. Election Type: Manual Mail [Location(s): itate and ZIP code): itington, DC 20005	Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11b. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co 12d. Tel. No. 202-785-3650 x13 13. Representative of the Petition	other than Petitioner and the representative interest in an analysis of the representation of the representative interest in an analysis of the representation of the representati	ishment(s) involved? No ose named in items 8 and 9, when y employees in the unit described assets this matter, state your position which retitioner is an affiliate ters of America, AFL- 12f. Fax No. vice of all papers for purposes 13b. Address (s	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such a constituent (If none CIO, CLC softhe representation street and number, city,	Recent Contrally how many eas picketed the printion as represented. In the printion as represented to the printion as represented to the printion of the print	ict, if any (Month, Day, Yes employees are participatir e Employer since (Month, esentatives and other org e) 10d. Cell No. 10f. E-Mail Add a. Election Type: Manual Mail [Location(s): itate and ZIP code): itington, DC 20005	Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co 12d. Tel. No. 202-785-3650 x13 13. Representative of the Pet 13a. Name and Title: Robert E. Paul, Attorn	other than Petitioner and the representative interest in an analysis of the representative interest in an analysis of the representative interest in an analysis of the representative including local name and numere. News Guild, Local ternational labor organization mmunications Work 12e. Cell No.	ose named in items 8 and 9, why employees in the unit describe ess whis matter, state your position which is matter, state your position when it is an affiliate ters of America, AFL-12f. Fax No. Vice of all papers for purposes 13b. Address (s. 1025 Connection of the control	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such a constituent (if none CIO, CLC softher representation street and number, city, ecticut Avenue NV	Recent Contrally how many eas picketed the printion as represented. In the printion as represented to the printion as represented to the printion of the print	a. Election Type: Manual Mail Catte and ZIP code): itate and ZIP code):	Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co 12d. Tel. No. 202-785-3650 x13 13. Representative of the Pet 13a. Name and Title: Robert E. Paul, Attorn 13c. Tel. No.	other than Petitioner and the representative interest in an analysis of the representation of the representative interest in an analysis of the representation of the representati	ishment(s) involved? No ose named in items 8 and 9, when y employees in the unit described assets this matter, state your position which Petitioner is an affiliate ters of America, AFL- 12f. Fax No. vice of all papers for purposes 13b. Address (s 1025 Connections)	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such a constituent (if none CIO, CLC softher representation street and number, city, ecticut Avenue NV	Recent Contrally how many eas picketed the printion as represented. In the printion as represented to the printion as represented to the printion of the print	a. Election Type: Manual Mail Catte and ZIP code): ington, DC 20005 ddress wbng.org code): 000, Washington, D iddress ddress	Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co 12d. Tel. No. 202-785-3650 x13 13. Representative of the Pet 13a. Name and Title: Robert E. Paul, Attorn 13c. Tel. No. 202-857-5000	other than Petitioner and the representative interest in an analysis of the representative interest in an analysis of the representative interest in an analysis of the representative including local name and numere. News Guild, Local representational labor organization mmunications Work 12e. Cell No.	ose named in items 8 and 9, why employees in the unit describe ess whis matter, state your position which is matter, state your position when it is an affiliate ters of America, AFL-12f. Fax No. Vice of all papers for purposes 13b. Address (s. 1025 Connection of the control	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such a constituent (if none CIO, CLC soft the representation street and number, city, exticut Avenue NV 5499	Recent Contrally how many eas picketed the printion as represented. In the printion as represented to the printion as represented to the printion of the print	a. Election Type: Manual Mail Catte and ZIP code): itate and ZIP code):	Day, Year) anizations and dress Mixed Manual/Mail
9. Is there now a strike or picke (Name of Labor Organization 10. Organizations or individuals individuals known to have a 10a. Name 11. Election Details: If the NLF 11b. Election Date(s): March 30, 2020 12a. Full Name of Petitioner (Washington-Baltimo 12c. Full name of national or in The News Guild - Co 12d. Tel. No. 202-785-3650 x13 13. Representative of the Pet 13a. Name and Title: Robert E. Paul, Attorn 13c. Tel. No. 202-857-5000	other than Petitioner and the representative interest in an analysis of the representation of the repres	ishment(s) involved? No ose named in items 8 and 9, when y employees in the unit describe ease. this matter, state your position within matter your position within matter, state your position within matter, state your position within matter your position within matter your position within matter your position with matter your p	If so, approximate , ha ich have claimed recoged in item 5b above. (If with respect to any such a Address (street and note and continued in the continued in th	Recent Contrally how many eas picketed the printion as represented. In the printion as represented to the printion as represented to the printion of the print	a. Election Type: Manual Mail Catte and ZIP code): ington, DC 20005 ddress wbng.org code): 000, Washington, D iddress ddress	Day, Year) anizations and dress Mixed Manual/Mail

FORM NLR8-502 (RD)

UNITED STATES OF AMERICA

DO NOT WRITE IN THIS S	PACE
ase No.	Date Filed
10-RD-257331	March 3, 2020

NATIONAL LABOR RELATIONS BOARD (2-18) **RD PETITION** INSTRUCTIONS: Unless e-Filed using the Agency's website, which the submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the polition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the pertition or currently
recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and request that the National
Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. mead au 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 76 rennsulvania Jaiho la. Employer Representative - Name and Titla 3b. Address (If same as 2b Pennsy la varia 304.890 3748 304-438-7665 Type of Establishment (Factory, mine, wholesaler, etc.) NUISING ealth CAre 5b. City and State where unit 5a. Description of Unit Invit included: Restorive Chia, Detary Adde, Cook, wordClark, House Keeping, Michael is loca Laudry
Established Sound worker, Actually Aide, Osse clark, modrocords.
Print gruce Supervisors
RN, LPN, Sound worker, Actually Aide, Osse clark, modrocords. 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? Yes ☐ No Be. Name of Recognized or Certified Bargaining Agent 8b Affiliation, if any 8d Tel No. (b) (6), (b) (7)(C) 614-46-11 Columbus OH 43215 Bf. Fax No. 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Date of Recognition or Certification 6-1-20 6-2-18 11a is there now a sirike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately how many employees a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) since (Month, Day, (Insert Address) 12. Organizations or individuals other those named in items 6 and 11c, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any emptoyees in the unit described in item 5 above. (If none, so state)

12a. Name | 12b. Address | 12c. Tet. No. 12b. Address 12d. Fax No. 12a. Cell No. 12f. E-Mall Add 13. Election Details: If the NLRB conducts an election in this 13a Election Type: Manual Mail Mixed Manual/Mail matter, state your position with respect to any such election 13b. Election Date(s) 13d. Election Location(s) 13c, Election Time(s) (b) (6), (b) (7)(C) 14b. Tel. No. 14c Fex No. (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

14f. Affiliation, if any

15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

se

15f Cell No.

15c. Address (Street and number, city, state, ZIP code)

15d Tel No

15g. E-Mail Address

15s. Fax No.

I declare that I have read the above polition and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

Date Filed 3-2-20

BE PUNISHED BY FINE AND IMPRISONMENT JUS, CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRE) in processing representation and related proceedings or litigation. The routine uses for the information are fully sol forth in the Federal Register, 71 Fed. Reg. 74942-43 (Disc. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoice its processes.

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No. 10-RD-257514 Date Filed 03-06-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

PURPOSE OF THIS PETITION: RD- DECERTIFI recognized bargaining representative is no longer Labor Relations Board proceed under its prop-	their representative. The Petition	er alleges that the following circumstance	playees assert that the certified or currently ses exist and requests that the National
22. Name of Employer PEDS: Bearings Company	4541	of Establishment(s) involved (Street and num Howston Ave Macon, 6	
3a. Employer Representative - Name and Title		ame as 2b - state name) Howston, Ave. Macon, 66	31206
3c. Tel. No. 3d. Fax No.	3e, Cell No.	3(. E-Mail Address	31200
470-232-8331	700 000000		
4a. Type of Establishment (Factory, mine, wholesaled	, elc.)	4b. Principal product or se	ervice
wholeswher		Beveraux Di	ishabution
Sa. Description of Unit Involved Included: Delvers, Merchandising Reset team, Fleet Excluded: Aom Pre Sell, BCR		teum, Relief Sale	5b. City and State where unit is located: (Na.con, 6A
		he employees in the unit no longer wish to	be represented by the certified or currently
8a. Name of Recognized or Certified Bargaining Age	ed bargaining representative?	Yes No 8b. Affiliation,	if any
- 11	4	OU. Calination,	a say
Teamsters Local 52		8d. Tel. No. 8e. Cell No.	
407 Arrowhard Blup,	Toneshow, GA	678-961-7826	
33.	30236	8f. Fax No. 8g. E-Mail Add	dress
9. Date of Recognition or Certification Dec 44 2015	10. Expiration Da	ite of Current or Most Recent Contract, if an	y (Month, Day, Year)
11a. Is there now a strike or picketing at the Employe	r's establishment(s) involved?	Yes No 11b. If so, approximately I	now many employees are participating?
11c. The Employer has been picketed by or on behal			a labor organization, o
(Insert Address)			since (Month, Day, Year)
12. Organizations or individuals other those named in	items 8 and 11c, which have clai	med recognition as representatives and other	er organizations
and individuals known to have a representative in 12a. Name 12b. Addres		t described in item 5 above. (If none, so sta	ite) 12d. Fax No.
TEG. Addles		120, 161, 110,	120.1 08 110.
		12e, Cell No.	12f. E-Mail Address
		126. 0611110.	12). E-Mail Address
Election Details: If the NLRB conducts an election matter, state your position with respect to any succession.		13a, Election Type:	lanual Mail Mixed Manual/Mail
13b. Election Date(s)	3c. Election Time(s)	13d. Election Location(s)	1.4
AS Soon AS possible	6:00Am	DeBi Paci	slity
(b) (6), (b) (7)(C)			
(b) (6), (b) (7)(C)		(b) (6), (b) (7)(C)	14c. Fax No.
		14d, Cell No.	14e. E-Mail Address
14f. Affiliation, if any			
15. Representative of the Petitioner who will acce	pt service of all papers for purp	oses of the representation proceeding.	
15a, Name		15b.Title	
15c. Address (Street and number, city, state, ZIP cod	e)	15d. Tel. No.	15e. Fax No.
		15f. Cell No.	15g. E-Mail Address
I declare that I have read the above petition and the	at the statements are true to the	a hast of my knowledge and hellef	
100000000000000000000000000000000000000	(6), (b) (7)(C)	Title (b) (6), (b) (7)(0	Date Filed 3/5/2020
			313 12000

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
12 DC 257326	March 2 2020	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nifb.gov/, submit an original of this Patition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): HSMHost - Orlando International Airport 1 Jeff Fuqua Blvd., Orlando, FL 32827 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Darryl L. Franklin - Associate General 6905 Rockledge Dr., Bethesda, MD 20817 Couns 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3a. Fax No. (240) 274-4304 darryl.franklin@hmshost.com 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Food and Beverage Services Food and Beverage Services Orlando, FL 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: 750 See Attachment A 6b. Do a substantial number (30% or more)
of the employees in the unit wish to be
represented by the Petitioner? ☒ Yes ☐ No Excluded: See Attachment A Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition 2/28/20 on or about (Date) (If no reply received, so state). no reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8f. E-Mall Address Bc. Tel. No. 8d. Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most 8h. Date of Recognition or Certification 8g. Affiliation, If any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fex No. 10f. E-Mall Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Hyatt - Orlando International Airport March 27, 2020 2 a.m. - 11 p.m. 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): UNITE HERE, Local 362 1255 La Quinta Dr. #212, Orlando, FL 32809 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE HERE International Union 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address eclinton@unitehere.org (407) 851-0626 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): PO Box 2231, Orlando, FL 32802 Richard Siwica - Attorney 13f. E-Mail Address 13c. Tel. No. 13d Cell No. 13e. Fax No. (407) 422-1400 rsiwica@eganlev.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) Title 3/2/20 Richard Siwica Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Attachment A

5b. Description of Unit Involved

Included: All regular full time and regular part time employees employed by HMSHost at the Orlando International Airport including but not limited to the following classifications: barista, bartender, busser, cashier, cook, crew, dishwasher, host, lead employee (aka supervisor), maintenance employee, production employee, runner, runner/driver, server, server/ bartender, and utility employee.

Excluded: All office clerical employees, professional employees, guards, managers and supervisors as defined in the National Labor Relations Act.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
12-RC-257536	3/6/2020			

		7		12-RG-25	1/530		16/2020
employer concerned is locathe employer and all other p	iled using the Agency's websi ted. The petition must be acco arties named in the petition o RB 4812). The showing of Intel	mpanied by both a f: (1) the petition; (2)	showing of interest Statement of Posit	(see 6b below) and tion form (Form NL	d a certificat RB-505); and	e of service showin d (3) Description of	ng service on Representation
bargaining by Petitioner and	ION: RC-CERTIFICATION OF I Petitioner desires to be certifie Labor Relations Board proce	d as representative of	f the employees. The	Petitioner alleges	that the follo	wing circumstance	
2a. Name of Employer: Range Generation Ne	xt (RGNXT)	2b. Address(es) 1030 South	of Establishment(s) in Highway AIA	nvolved (Street and a Building 989	number, City, 9, Patrick	State, ZIP code): AFB, Florida	32925
3a, Employer Representative Belinda Burke, H.R. I		3b. Address (if sa SAME	ame as 2b - state san	ne):			
Ic. Tel. No.	3d. Cell No. 321-474-3111	3e. Fax XXX	No.	3f. E-Mail A Belinda	Address a.Burkey@rgnext.com		
a. Type of Establishment (Fac Aerospace Company	ctory, mine, wholesaler, etc.)		cipal Product or Serv rnment Service			state where unit is Beach, Florid	
	ed: an Amour- Globe elec	tion, see attach	ment RGNXT	Logistics.	7	r of Employees in U ibstantial number (3	
Check One: 7a, Request	ors, Management, Gua for recognition as Bargaining Re	presentative was ma	de on (Date)		of the e represe	mployees in the uni nted by the Petition eclined recognition	t wish to be
the state of the s	is currently recognized as Barg		and the second second	ation under the Act.			
la. Name of Recognized or C None	ertified Bargaining Agent (If n		Address: XX				
ic. Tel. No.	8d. Cell No.	8e. Fax XXX		8f. E-Mail Address XXX@example.com			
g. Affiliation, if any:		8h. Date of XXX	Recognition or Certi	fication 8i. Expiration Recent Co	on Date of Cu ntract, if any	rrent or Most Month, Day, Year)	XXX
	eting at the Employer's establish		O If so, app	proximately how ma			V VVV
	n) s other than Petitioner and those a representative interest in any e			med recognition as r	epresentative	er since (Month, Da es and other organiz	TOTAL CONTRACT
0a. Name XXX	10b. Address XXX			10c. Tel. N	0.	10d. Cell No.	
				10e. Fax N XXX	lo:	10f. E-Mail Addres XXX(a)exan	
1. Election Details: If the NL request a stipulated	RB conducts and election in this election	matter, state your po	isition with respect to	any such election:	11a. Election	Туре:	lixed Manual/Mail
1b. Election Date(s): March 24, 2020	Election Date(s): 11c. Election Time(s):				11d. Election Location(s): Patrick Air Force Base		
2a. Full Name of Petitioner (Shawn P. Beal , IBEV	(Including local name and numb V LU 2088, Business I	_{er):} Manager	2395 N Cou	eet and number, city irtenay Parkwa id, Florida 329	ay, Ste 10	IP code) 3,	
2c. Full name of national or in nternational Brotherl	ternational labor organization of 100d of Electrical Wor	which Petitioner is a kers, AFL-CIC	n affiliate or constitue).	ent (if none, so state,):		
2d. Tel. No. 321-459-1400	12e. Cell No. 321-759-0754	1000	59-1190	To State out on the	2088@aol.com		
3a. Name and Title:	ltioner who will accept service LU 2088, Business Mana	13b. Add	urposes of the repre dress (street and nur				
13c. Tel. No. 321-459-1400	13d. Cell No. 321-759-0754		59-1190		088@aol	.com	
declare that I have read the Name (Print)	above petition and that the st Signa		the best of my kno	wledge and belief. Title			Date /
Shawn P. Beal	1	-PI	Seel	Business N	Manager		03/06/

RGNXT LOGISTICS ATTACHMENT

The Union is seeking an Armour-Globe Election and wishes to add all fulltime and part-time, Logistic Technicians, employed by the employer at its Patrick AFB and Cape Canaveral Air Station to the existing unit.

These Logistic Technicians share a community of interest with the Mainland Tech employees.

The Logistic Technician's work locations and functions, have interactions with the Mainland Tech employees, qualifications, and working conditions.

The Union represents Mainland Tech employees covered by a collective bargaining agreement with the employer, for the period of September 1, 2018 through August 31, 2021

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRI	DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed				
12-RC-257813	3/10/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1425 Wiggins Pass Rd. FL Naples 34110-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1425 Wiggins Pass Rd. FL Naples 34110-Charles O'Reilly 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction - Raw Materials Conrete Manufacturing and Delivery Naples, FL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 37 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 6:00 am to 10:00 am Break rooms at the Prospect, Wiggins Pass, and East Naples plants 12a. Full Name of Petitioner (including local name and number) John Sholtes Teamsters Local 79 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address isholtes@teamsters79.com 12d Tel No 12e. Cell No. 12f. Fax No. (813) 626-7915 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d. Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Trustee/Business Agent JOHN SHOLTES 03/9/2020 13:29:22 John Sholtes

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included
All full-time and part-time drivers

Employees Excluded All other employees

DO NOT WRITE IN THIS SPACE

Case

12-RC-257813

Date Filed 3/10/2020

Name (Print)

Christella Dorval

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD PC PETITION

DO NOT WRITE IN THIS SPACE

13f. E-Mail Address

christella.dorval@1199.org

	STATES GOVERNMENT	2.31			ONUT WRITE IN TH		
	PETITION	Manager and the Contract of th		12-RC-2578		3/11/2020	
in which the employer cond of service showing service (Form NLRB-505); and (3) I with the NLRB and should 1. PURPOSE OF THIS PETITION bargaining by Petitioner and Pe	cerned is located. The on the employer and Description of Represent the served on the extra RC-CERTIFICATION OF SHIROTER DESCRIPTION OF SHIROTER DESCR	e petition must all other partie entation Case I employer or an REPRESENTATI ed as representation	be accompanies named in the procedures (Fon y other party. VE - A substantial note of the employees	d by both a show petition of: (1) the m NLRB 4812). umber of employees . The Petitioner all	wing of Interest (s ne petition; (2) Star The showing of in s wish to be represente	ed for purposes of collective	
requests that the National La 2a. Name of Employer Morrison Healthcare	bor Relations Board proce	eed under its pro 2b. Ad	per authority pursi idress(es) of Establis	nant to Section 9 of shment(s) involved (f the National Labor I Street and number, cit	Relations Act. y, State, ZIP code)	
3a. Employer Representative – N	Name and Title	3360		ame as 2b - state sa	dens, FL 33410		
David Vinson, Director La			Same	arrie as 20 - State Se	ame)		
3c. Tel. No. 757-371-4035	3d. Cell No.	-10-	3e. Fax No.		3f, E-Mail Ad David, Vins	dress son@compass-usa.com	
4a. Type of Establishment (Factor, Hospital	y, mine, wholesaler, etc.)	4b. Principal pro Food Service			5a. City	and State where unit is located: Beach Gardens	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: Dietary aids, Excluded: cooks	cashier, retail c	aterers				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
8a. Name of Recognized or Cert 8c. Tel No.	8d Cell No.	none, so state).	8b. Add	1955	8f_E-Mail Ad	dress	
8g. Affiliation, if any			8h, Date of Recogn			Date of Current or Most Recent	
O be these ways a staller as wish atta		No. of the state o	2.41				
 Is there now a strike or picketing (Name of labor organization) 			seted the Employers			articipating?	
	ther than Petitioner and thos	se named in items	8 and 9, which have	claimed recognition		nd other organizations and individual	
10a, Name	10b. Add	iress		10c, Tel, No	0.	10d. Cell No.	
hido				10e. Fax N	o.	10f. E-Mail Address	
 Election Details: If the NLRB any such election. 	conducts an election in this	s matter, state you	r position with respe	ect to 11a. Election	on Type: Manual	Mail Mixed Manual/Mail	
11b. Election Date(s): 4/14/20	11:30 a	11c. Election Time(s): 11:30 am to 1:00 pm; 5:00 pm to 6:30 pm			11d. Election Location(s); Conference Room		
12a. Full Name of Petitioner (Inc SEIU-UHWE				2881 Corp	orate Way, Miraman	city, state, and ZIP code) , FL 33025	
12c. Full name of national or inten 1199 Service Employees Inten	national labor organization on ational Union- United H	of which Petitioner ealthcare Work	is an affiliate or con ers East	stituent (if none, so	state)		
12d. Tel No. 305-623-3000	12e, Cell No. 305-761-7776		12f. Fax No.			Address rval@1199.org	
13. Representative of the Petition 13a. Name and Title Christe			A CONTRACTOR OF THE PARTY OF TH	eet and number, city	ceeding. y, state, and ZIP code)		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

Title

Organizer

13e. Fax No.

305-826-1604

13d, Cell No.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRIT	TE IN THIS SPACE
Case No.	12-RC-257917	Date Flee March 11, 2020

NO FE	HILLA					
INSTRUCTIONS: Unless e-Filed us	ing the Agend	y's website, w	ww.nlrb.gov, submit	an original of this	Petition to	an NLRB office in the Region
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate						
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form						
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed						
with the NLRB and should not be s	erved on the	employer or an	ny other party.			
PURPOSE OF THIS PETITION: RC-CEI bargaining by Petitioner and Petitioner de	sires to be certifi	ied as representati	ive of the employees. The	Petitioner alleges th	nat the following	ig circumstances exist and
requests that the National Labor Relat 2a. Name of Employer	ions Board proc		ddress(es) of Establishmer			
SeaWorld Parks & Entertainment			Sea World Dr., Orla			,,,
3a. Employer Representative - Name and	Title		3b. Address (If same a	s 2b - state same)		
Sergio Rivera, CEO			Same			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	fress
407-545-5550						
4a. Type of Establishment (Factory, mine, w	holesaler, etc.)	4b. Principal pro			100000000000000000000000000000000000000	and State where unit is located:
Entertainment Park		Entertainmen	nt .		Orland	
6b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: ALL FULL-TIME AND PAR						6b. Do a substantial number (30%
CAPTAINS PERFORMING GUARD D ACT, EMPLOYED BY SEAWORLD P	ARKS & FNTF	RTAINMENT	7007 SEA WORLD DE	ORLANDO FL	32821	or more) of the employees in the
						unit wish to be represented by the
Excluded: ALL OFFICE CLERICAL EMPL						Petitioner? Yes / No
Check One: 7a. Request for rec			ve was made on (Date)	ar	d Employer de	dined recognition on or about
7h Rossisance to as	(Date)	(If no reply receive	ed, so state). NO depresentative and desires	andification under the		
8a. Name of Recognized or Certified Barry				Cerunication under the	ACC	
NONE	joining regent (,	100			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	fress
8g. Affiliation, if any	8h. Date of Recognition o	Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating?						
(Name of labor organization), has picketed the Employer since (Month, Day, Year)						
10. Organizations or individuals other than F		A STATE OF THE PARTY OF THE PAR			resentatives ar	d other organizations and individuals
known to have a representative interest in a NONE						
10a. Name 10b. Address				10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts an election in this matter, state your any such election. 			ur position with respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): 11c. Election Time(s): 4/2/2020 6:00 - 8:00 AM & 2:00 - 4			4:00 PM	11d. Election Location(s): PORTS OF CALL		
12a, Full Name of Petitioner (Including local name and number) International Union, Security, Police and Fire Professionals of America (SPF						
12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA)						
12d. Tel No. 12e. Cell No. 586-772-7250 X111 586-872-5634			12f. Fax No. 586-772-9644			
13. Representative of the Potitioner who will accept service of all papers for purposes of the representation proceeding.						
13a. Name and Title Gordon Gregory, General Counsel 13b. Address (street and number, city, state, and ZIP code) 65 Caddlac Square, Suite 3727, Datroll, MI 48226						
13c, Tel No. 13d, Cell No. 13e, Fex No. 13f, E-Mail Address 313-964-5600 313-964-2125 Gordon@UnionLaw.net						
313-964-5600 313-964-2125 Gordon@UnionLaw.net I doctare that I have read the above polition and that the statements are true to the best of my knowledge and belief.					- Indiana	
Name (Print)	hature	11.11	Title		Date	
Name (Print) Dwayne Phillips WILLFUL FALSE STATEME	Vanne	Stilly	Title Organizing Director	wasies	Date 3/10/2020	

PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or libgation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
12-RC-258326	3/23/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): My City Transportation/Fort Lauderdale Fort Lauderdale/Hollywood International Airport (FLL) location 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 1033 Sistrunk Blvd., Fort Lauerdale, FL 33311 Danay C. Cravey, General Manager 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. N/AN/A florida@mycitytransportation.com N/A 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation Transportation Services Ft. Lauderdale 5b. Description of Unit Involved: 6a. Number of Employees in Unit: 22 Included: All customer service representatives (CSRs) 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes Excluded: All other employees; including supervisors or guards as defined by the Act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition n/a on or about (Date) (If no reply received, so state). n/a 7b. Petitioner is currently recognized as Bargaining Representative and desires cer ification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) N/A 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. N/AN/A N/A N/A 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): International Brotherhood of Teamsters Local 769 12b. Address (street and number, city, State and ZIP code): 12365 West Dixie Highway, North Miami, FL 33161 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12e. Cell No. 12g. E-Mail Address 12d. Tel. No. 12f. Fax No. 305-642-6255 305-891-5896 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 100 Miracle Mile, Suite 300, Coral Gables, FL 33134 D. Marcus Braswell, Jr., Attorney 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 305-529-2801 305-206-2316 mbraswell@sugarmansusskind.com 305-447-8115 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature L. Name (Print) Title Date D. Marcus Braswell, Jr. 3/20/2020 Attorney

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN T	HIS SPACE	
Case No.	13-RC-257550	Date Filed 3/6/20	1

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3f, E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Joliet, Auto/Iruck Parts 6a. Number of Employees in Unit: included: All full time / Part time warenouse and maintenance Excluded: All office, guards, management as defined in 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? MYes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 2-25-2020 and Employer declined recognition on or about (Date) NO+ Resolved (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) WA 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address NA 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 3900 ROCK Creek BIVd. Jole +, 21 Available noon 12b. Address (street and number, city, State and ZIP code) 12a. Full Name of Petitioner (including local name and number): ternundo ull name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state): Automobile, 12e. Cell No. Aerospace and 12d. Tel. No. 12f. Fax No. 313 926 5961 773 759 5429 Fhernan

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): 8000 E Jefferson Aug Defroit, MZ 48214

3e. Fax No. 13f. E-Mall Address ternando 13d. Cell No. 13c. Tel. No. 3 13 926 5461 773 755 8929 | Fleer | F 773 759 8929 Fhernande? Name (Print) Signature Hernandez

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WE	RITE IN THIS SPACE		
Case No. 13-RC-257636	Date Filed	3/9/20	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 8751 W 50th Street Fontanini Foods, LLC Div. of Hormel Foods Corp. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 8751 W 50th Street IL McCook 60525-John Kempen 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (708) 485-4800 jdkempen@fontanini com (708) 485-9600 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Processing Meats Lyons, IL 5b. Description of Unit Involved 6a. No. of Employees in Unit: 347 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 4/1/2020 Open **Employer site** 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Gabriel Monarrez Gabriel Monarrez Chemical and Production Workes Union Local 30 AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Chemical and Production Union Local 30, I.U A.P. and P.W., AFL-CIO 12g. E-Mail Address gmonarrez@csjbunion.org 12d. Tel No. 12e. Cell No. 12f. Fax No. (312) 738-0822 (773) 716-7896 (708) 236-3404 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Karl Masters Associate Attorney Johnson & Krol, LLC 311 S. Wacker Drive, Suite 1050 IL Chicago 60606-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address masters@johnsonkrol.com (312) 255-0449 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **Business Agent** Gabriel Monarrez 03/6/2020 10:43:54 Gabriel Monarrez

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Case 13-RC-257636 Date Filed 3/9/20

Employees Included Production Workers

Employees Excluded Security, Management, Supervisors, Clerical, Maintenance, Quality Control

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No.

DO NOT WRITE IN THIS SPACE

Date Filed 3/10/20

13-RC-257718 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 811 W Fulton Market, 2nd Floor, Chicago IL 60607 Refresh Club, Inc. DBA: The Wing 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same). Delilah Amanda Lynn, General Manager same 3f. E-Mail Address delilah.al@the-wing.com 3d. Cell No. 3c. Tel. No. 3e. Fax No. 650-922-5323 4b. Principal Product or Service 5a. City and State where unit is located: Cnicago, IL 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Private Club Hospitality 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: [see attached] Excluded: [see attached] 3/10/2020 Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: none 8f. E-Mail Address 8d Cell No. Se Fax No. 8c. Tel. No. none none none none 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: n/a Recent Contract, if any (Month, Day, Year) none none n/a 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? n/a n/a(Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name none none none none 10e. Fax No. 10f. E-Mail Address none none 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type 11d Election Location(s): The Wing, 811 W Fulton Market 11c. Election Time(s): 11b. Election Date(s): as soon as possible 6:30am-10:30am; 1:30-3:30pm 12b. Address (street and number, city, State and ZIP code): 218 S Wabash Ave, Suite 700, Chicago IL 60604 12a. Full Name of Petitioner (including local name and number): UNITE HERE Local 1 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): UNITE HERE 12f. Fax No. 312-986-3828 12d. Tel. No. 12e. Cell No. 12g. E-Mail Address 312-663-43/3 acastillo@unitehere.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 218 S Wabash Ave, Suite 700, Chicago IL 60604 Angel Castillo, Organizing Director 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 312-986-3828 acastillo@unitehere.org 7/3-469-/131 1/3-469-/131 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Organizing Director

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

5b. Description of Unit Involved:

Included: All regular part-time and full-time front desk, event, cooks, baristas, dishwashers, pastry cooks, cashiers, space staff employed by the Employer at its facility at 811 W Fulton Market, 2nd Floor, Chicago, IL.

Excluded: Other employees, valet employees, engineering employees, office clerical employees, professional employees, guards, managers, and supervisors as defined in the NLRA.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

INSTRUCTIONS: Unless e-F employer concerned is loca the employer and all other p Case Procedures (Form NL	ited. The petition must parties named in the pe	be accompanied tition of: (1) the	l by both a : petition; (2)	showing of Interes Statement of Pos	st (see 6b belo ition form (Fo	ow) and orm NLF	a certifica RB-505); ar	te of service showing : id (3) Description of Re	service on epresentation
PURPOSE OF THIS PETIT bargaining by Petitioner and requests that the National	d Petitioner desires to be	e certified as repre	esentative of	the employees. Th	e Petitioner a	alleges t	that the fol	lowing circumstances	collective exist and
2a. Name of Employer: EPIC Academy		2b. A 825	ddress(es) o 5 S. Hou	of Establishment(s) uston Ave., Ch	involved (Stre nicago, IL	et and n 6061	umber, City 7	, State, ZIP code):	7
3a. Employer Representative Andromeda Bellamy,	e - Name and Title: Principal	3b. A sam	7 - 2 - 11 - 2	ame as 2b - slate sa	nme):				
3c. Tel. No. 773-535-7930	3d. Cell No.		3e. Fax 1 773-5.	No. 35-7934		E-Mail A		icademy.org	
4a. Type of Establishment (Far charter school	ctory, mine, wholesaler,	etc.)	4b. Prince	cipal Product or Sen tion	vice			nd State where unit is lo	cated:
5b. Description of Unit Involuted: See attached.	ved:						6a. Numb 44	er of Employees in Unit:	
Excluded: See attached.							of the	ubstantial number (30% employees in the unit wi ented by the Petitioner?	sh to be
Check One: X 7a. Request on or about (7b. Petitione 8a. Name of Recognized or C None	Date) no reply r is currently recognized	(If no reply as Bargaining Re	received, s presentative	o state).	03/11/20 cation under th	-	f Employer	declined recognition	
8c. Tel. No.	8d. Cell No.		8e. Fax 1	No.	8f. E	E-Mail A	ddress		
8g, Affiliation, if any:			8h. Date of	Recognition or Cert				urrent or Most (Month, Day, Year)	
9. Is there now a strike or picke		stablishment(s) in	volved? No	O If so, ap	The state of the state of			s are participating?	
(Name of Labor Organization 10, Organizations or individual		nd those named in	n items 8 an	d 9, which have clai			Commence of the second	er since (Month, Day, Y es and other organization	
individuals known to have a None									
10a. Name	10b.	Address			10c	Tel. No);	10d. Cell No.	
					10e	10e. Fax No. 10f. E-M		10f. E-Mail Address	
11. Election Details: If the NL	RB conducts and election	on in this matter, s	tate your po	sition with respect to	o any such ele	ection:	11a. Election		d Manual/Mail
11b. Election Date(s): 3/30/20 or 4/2/20		Election Time(s): 0 am - 10:00	am		11d Ep	Electio	n Location(ademy (
12a. Full Name of Petitioner Chicago Teachers Un			CIO	12b. Address (st 1901 W. Ca					
12c. Full name of national or in American Federation		ation of which Pe	titioner is an	affiliate or constitue	ent (if none, s	o state):			
12d. Tel. No. 3 12-329-9100	12e. Cell No.		12f. Fax 312-32	No. 29-6200			Address d@ctulo	cal1.org	
13. Representative of the Pet 13a. Name and Title: Melissa Auerbach	titioner who will accept	service of all pa	13b. Add	rposes of the repr dress (street and nu- ichigan Ave., 1	mber, city, Sta	ate and	ZIP code):	603	
13c, Tel. No. 312-372-1361	13d. Cell No.		13e, Fax 312-3	: No. 72-6599		E-Mail A		oradvocates.com	
I declare that I have read the Name (Print)	above petition and that	t the statements Signature		1	owledge and Title	belief.			Date
Melissa Auerbach		melai	Dan	about	Attorr	ney			3/11/2020

ATTACHMENT TO RC PETITION

EPIC Academy

5b. Description of Unit Involved:

Included: All full-time and regular part-time employees including all Teachers, Dean of Discipline, Dean of Graduation, Director of Social Work Services, Paraprofessionals, Security Specialists, Social Workers, and Administrative Assistants employed at EPIC Academy Charter School located at 8255 S. Houston Ave. Chicago, IL 60617

Excluded: Principal, Assistant Principal, Senior Director of Finance, Director of Development & Programs, Director of Specialized Services, Accountant, Director of Student Recruitment, Director of Operations, Director of Safety & Culture, Director of College & Career Pathways, Lunchroom Staff, Food Service Manager, Custodians, Building Engineers, Confidential Employees, Managerial Employees, Guards and Supervisors as defined by the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE Case No:

13-RC-258090

Date Filed 3/17/20

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. Za. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Hyatt Place Chicago O'Hare Airport 610 Mannheim Rd, Rosemont, IL 60018 3a. Employer Representative - Name and Title: 3b. Address (il same as 2b - state same): Jonathan Monserrate same 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 3d. Cell No. 224-563-1814 224-563-1801 jonathan.monserrate@hyatt.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Hotel Rosemont, IL Hospitality 5b. Description of Unit Involved: 6a. Number of Employees in Unit: All full I me und regular partitions and trained shuttle drivers imployed at is Excluded: O'Harl A-root location -6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Pelitioner? X Yes HI office clerics employees, quiets, fides and employees and supervisors as defined by the fit the Check One:

▼ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/16/20 and and Employer declined recognition on or about (Dale) w/petition (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certifled Bargaining Agent (If none, so state) 8c. Tel No 8d Cell No. 8f. E-Mail Address 8e Fax No. Bg. Affiliation, if any: 8h Date of Recognition or Certification | 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or pickeling at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10c. Tel. No. 10d. Cell No. 10b Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11d. Election Location(s): 11c. Election Time(s): March 27, 2020 Banquet Room in facility 11am-3pm 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, Stale and ZIP code): International Brotherhood of Teamsters Local 727 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60068 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 121. Fax No. 12g. E-Mail Address 847-696-7500 847-720-4984 chris@teamsterslocal727.org 13. Representative of the Pelitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 1300 W. Higgins Rd, Suite 111, Park Ridge, IL 60068 Christopher Owoyemi, Staff Attorney 13c Tel. No. 13d. Cell No. 13e, Fax No. 131. E-Mall Address 847-696-7500 847-720-4984 chris@teamsterslocal727.org I declare that I have read the above pelition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Signature Christopher Owovemi Staff Attorney 3/16/20 when

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 14-RC-257212	March 2, 2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: Autohaus BMW of Maplewood 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3015 S. Hanley Rd. St. Louis, MO 63143 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Peggy Wessel - Owner Same Pam Eppers - General Manager 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. 314-727-8870 314-880-8470 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: New/Used Vehicle Sales/Service Automobile Dealership St. Louis, MO 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full-time and regular part-time mechanics employed by the employer at their 3015 S. Hanley Rd. St. Louis, Excluded: Parts department employees, service writers, poerters, sales employees, managerial employees, guards, 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? 🔀 Yes 🔲 No supervisors as defined in the act, and all other employees. and Employer declined recognition Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state). 7b, Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b Address 8f. E-Mail Address Bc. Tel. No. 8d. Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state) 10c. Tel. No. 10d. Cell No. 10a, Name 10b. Address 101. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Any such election Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s) 11c. Election Time(s): March 24, 2020 10:00 am - 11:00 am Conference Room 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number) 1901 S. Meyers Rd. Suite 210 Oakbrook Terrace, IL 60181 District Lodge 9, International Association of Machinists and Aerospace Workers, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO 12g, E-Mail Address 12e. Cell No. 12d. Tel. No. 815-280-6345 wlepinske@iamaw.org 815-280-6400 815-214-4587 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 1901 S. Meyers Rd. Suite 210 Oakbrook Terrace, IL 60181 Grand Lodge Representative 13f. E-Mail Address 13d, Cell No. 13e. Fax No. 13c. Tel. No. 815-214-4587 815-280-6345 wlepinske@iamaw.org 815-280-6400 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Signature Name (Print) 3/2/2020 Grand Lodge Representative William Joseph LePinske

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

ORM NLRB-502 (RC) (4-

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RCPETITION

DO NOT WRITE IN THIS SPACE

14-RC-257594

Date Filed March 6, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) Involved (street and number, city, state, zip code) JOHNS MANVILLE 1465 17th AVE, MCPHERSON, KS 67460 3a. Employer Representative - Name and Title 3b. Parent Company Address (If same as 2b - state same) MINDY LANNING - SUPERINTENDENT P.O. BOX 5108, DENVER, CO 80217 3d. E-Mail Address 620-241-4829 MINDY.LANNING@IM.COM 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: PRODUCTION-FIBERGLASS BUILDING MCPERSON, KS INSULATION 5b. Description of Unit Involved 6a. No. of Employees in Unit: ncluded: ALL FULL AND REGULAR PART TIME PRODUCTION AND WAREHOUSE EMPLOYEES WORKING AT JOHNS 178 6b. Do a substantial number (30% MANVILLE IN MCPHERSON, KS. or more) of the employees in the unit wish to be represented by the OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, SUPERVISORS, AND Petitioner? Yes Y No MAINTENANCE EMPLOYEES, AS DEFINED IN THE ACT. Check One: 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about _____(date) (if no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act nized or Certified Bangaining Agent (If none, so state 8b. Address NONE N/A 8c. Tel. No. 8d. Cell No. Be. Fax No 81. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A 9. Is there now a strike or picketing at the Employers establishment(s) involved? If so, approximately how many employees are participating? ted the Employer since (Month, Day, Year) 10. Organizations or individuals other than Pétitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) NONE 10a. Name 10b. Address too. Tel. No. 10d Cell No. N/A 10f. E-Mail Address 10e. Fax No. N/A N/A N/A Election Type;

Manual Mall 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail eny such election. 11b, Election Date(s): 11c. Election Time(s): 11d. Election Location(s): TRAINING ROOM A, ON SITE MARCH 30, 2020 PLEASE SEE ATTACHMENT 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 12 a. Full Name of Petitioner (including local name and number) IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12e. Cell No. 12g. E-Mall Address 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13d. E-Mail Address 817-505-0100 JLITTLE@IAMAW.ORG 682-401-7835 817-459-0107 I declare that I have read the above Petition and the my knowledge and belief DATE Name (Print) GRAND LODGE REPRESENTATIVE 03/06/2020 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT
Solicitation of the Information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.0 § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2008). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

ATTACHMENT:

11C. ELECTION TIME(S):

A CREW & B CREW: 8:00 AM - 12:00 PM

C CREW & D CREW: 6:00 PM - 10:00 PM

FORM NLRB-502 (RD) (8-16)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Casa No. 14-RD-258026 Date Filed 3/13/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of;(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other partie.

Case Procedures (Form NLRB 4812). The showl		the NLRB and should		
PURPOSE OF THIS PETITION: RD-DECERTIFIC recognized bargaining representative is no longer! Labor Relations Board proceed under its proper.	their representative. The Petitioner alleg	es that the following cl	rcumstances exist	
2a. Name of Employer	2b. Address(es) of Estab		eet and number, city	y, state, ZIP code)
KETV	1001 51	10th St On	raha N	E 68108
Sa. Employer Representative - Name and Title	3b. Address (If same as 2	2b - state name)	1,-	
Ariel Roblin	Same a	s 2B		
3c. Tel. No. 3d, Fax No.	3e. Cell No.	3f. E-Mail Addr	ess	
402~346~7777 4a. Type of Establishment (Factory, mine, wholesaler,	ale)	dh Dringingi ne	oblin @	hearst.com
TV Statio		News	& ENter	tainment
5a. Description of Unit Involved Included: Operations Technici Excluded: News Gathering			yviz.	56. City and State where unit is localed: Omaha, NE
5. No. of Employees In Unit 18 7. Do a sub-	stantial number (30% or more) of the emp ed bargaining representative? X Yes	loyees in the unit no long	ger wish to be repre	sented by the certified or currently
8a. Name of Recognized or Certified Bargaining Agen			Affillation, if any	
NABET-CWA Local		-	AFL -	210
211 West Wacker D	ed, T	The second secon	Cell No.	-10
	TO E	1-372-4111	E Mail Address	-ASTERNIL
Chicago, IL 6060		-372-4115	(6), (b) (7)(C	
9. Date of Recognition or Certification March 12, 2017 (last	10. Expiration Date of Cur		3	>14
11a. Is there now a strike or picketing at the Employer	The state of the s			and the same and the same of
		170.11 so, appr	Militarely now many	
11c. The Employer has been pickeled by or on behalf				a labor organization, o
(Insert Address)	N/A		since (/	Month, Day, Year)
Organizations or individuals other those named in				eations N/A
and individuals known to have a representative integral. 12a. Name 12b. Address		ad in item 5 above. (If n 12c. Tel. No.		d. Fax No.
123. Nellio 120, Addiess)20. TEL 190.	12	g. 1 8A 190.
			7-0-100	
		12e. Gell No.	12	f, E-Mall Address
Election Details: If the NLRB conducts an election matter, state your position with respect to any such	n in this election.	13a. Election Ty	ype: 🔀 Manual	Mail Mixed Manuel/Mail
3b. Efection Date(s)	do. Election Time(s)	13d. Election Lo		
ASAP	ASAP		Ome	aha, NE
4. Full Name of Petitioner (b) (6), (b) (7)(C)				
4a. Address (Street and number, city, state, ZiP code	1	(b) (6), (b) (7VC) 14	c. Fax No.
(b) (6), (b) (7)(C)				NIA
		(b) (6), (b) ((7)(C)	e. E-Mail Address) (6), (b) (7)(C)
41. Alfillation, If any KETV Emplo	yer, Maintenan	Kr Tools	Ciasi	
5. Representative of the Petitioner who will accept				***
	South and the last has been been and of the			
^{5a. Nam} (b) (6), (b) (7)(C)		^{15b} (b) (6),	(D)(1)(C)	
5c. Address (Street and number city, state, ZIP code (b) (6), (b) (7)(C)		(b) (6), (b)	(7)(C)	a. Fax No.
(b) (c), (b) (1)(c)				NIA
		151. Cell No. (b) (6), (b)	(b)	(6), (b) (7)(C)
		(b) (b), (b)	(1)(C)	(3), (3) (.)(3)
declare that I have read the above petition and tha	t the statements are true to the best of	f my knowledge and be	ilef.	
	(6), (b) (7)(C)	(b) (6), (b)		Dale Filed
(b) (6), (b) (7)(C)	(-) (-) (-) (-)	(b) (b), (b)	(,)(0)	3-13-2020
				5-15-2020

WILLFUL FALSE STATEMENTS ON THIS FETTION CAN BE CONISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

ORM NLRB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RCPETITION

DO NOT WRITE IN THIS SPACE

Case No Date Filed

15-RC-257449 March 4, 2020

March 4, 2020 INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITIONRC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Pelitioner and Pelitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code) POTLATCH/DELTIC 1720 US-82 WALDO, AR 71770 3b. Parent Company Address (If same as 2b - state same)
601 W. 1ST AVE., SUITE 1600 SPOKANE, WA 99201 3a. Employer Representative - Name and Title TOMMY DOWNS - MILL MANAGER 3d. E-Mail Address
TOMMY,DOWNS@POTLATCHDELTIC.COM 3d. Cell No 870-693-5555 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a, City and State where unit is located: LUMBER PRODUCTION SAWMILL WAREHOUSE WALDO, AR 6b. Description of Unit Involved 6a. No. of Employees in Unit: 154 ALL FULL AND REGULAR PART TIME PRODUCTION AND MAINTENANCE EMPLOYEES WORKING TAT THE 6b. Do a substantial number (30% COMPANY'S WALDO, AR LOCATION. or more) of the employees in the unit wish to be represented by the Excluded: OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, Petitioner? Yes ✓ No AS DEFINED IN THE ACT. Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on <u>Petition will serve as request for recognition</u> and Employer declined recognition on or about _____(date) (if no reply received, so state).
 ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Rec d or Certified Bargaining Agent (If none, so state) 8b. Address NONE N/A Bc. Tel. No. 8d. Cell No. 81. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 81. Expiration Date of Current or Most Recent . Contract, if any (Month, Day, Year) N/A N/A Is there now a strike or picketing at the Employers establishment(s) Involved? <u>N/A</u>
 (Name of labor organization) has picketed the Employer since (Month, Day, Year) If so, approximately how many employees are participating? 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a Name 10c. Tel. No. 10d Cell No. N/A 10e, Fax No. N/A 10/, E-Mail Address N/A N/A 11a. Election Type:

Manual Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): Election Location(s): SAWMILL SHIPPING SHED MARCH 19, 2020 3:00 PM - 6:00 PM 12 a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011 IAMAW, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO 12d Tel No 12e. Cell No. 121. Fax No 12g. E-Mail Address 817-505-0100 817-459-0107 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE 690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011 13c. Tel. No. 13d. Cell No. 13e. Fax No. 817-505-0100 682-401-7835 817-459-0107 JLITTLE@IAMAW.ORG I declare that I have read the above Petition and statements are true to the best of my knowledge and bellef. DATE GRAND LODGE REPRESENTATIVE JAMES R. LITTLE 03/04/2020 WILLFUL FALSE STAT ENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the Information on the Information is to assist the National Labor Relations Act (NLRA), 29 U.S.0 § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942- 43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No. 5-RC-258002	March 16, 2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on the								
(Form NLRB-505); and (3) Descript						RB 4812). The s	howing of int	erest should only be filed
with the NLRB and should not be s	erved on the	employer	or an	y other pa	irty.			27.14
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner de capacitation de la lateration de lateration de lateration de la lateration de la lateration de la lateration de la	esires to be certifi	ied as repre	sentativ	ve of the emp	ployees. The	Petitioner alleges t	hat the followin	g circumstances exist and
requests that the National Labor Relat 2a. Name of Employer	ions Board proc	eea unaer				t(s) involved (Street		
Securitas Security Services U.S.A	Inc					tgomery, AL 36		, oldie, zir oddoj
3a. Employer Representative - Name and			20100			s 2b - state same)		
John Henert, VP LR				One Sou	uth Wacker	Dr #2150, Chic	ago, IL 6060	6
3c. Tel. No.	3d. Cell No.			3e. Fax N	0.	12.0	3f. E-Mail Add	ress
312-521-6605				312-521	-6606		john.henert	@securitasinc.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service RESIDENTIAL COMMUNITY 4b. Principal product or service SECURITY Montgomery, AL								
5b. Description of Unit Involved	WITE: 4030H				-			6a. No. of Employees in Unit:
Included: ALL FULL-TIME AND PAR	T-TIME ARMEI	D AND UN	IARME	D SECUR	ITY OFFICE	RS PERFORMIN	G GUARD	10
DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECURITAS SECURITY SERVICES, INC. @ 8400 WYNLAKES BLVD., MONTGOMERY, AL 36117 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the								
Excluded: ALL OFFICE CLERICAL EMPL	OYEES, PROFES	SSIONAL E	MPLOY	EES AND S	UPERVISORS	AS DEFINED BY THE	HE ACT.	Petitioner? Yes ✓ No
Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state).								
						certification under th	e Act.	1015701010
8a. Name of Recognized or Certified Bary NONE		none, so s	state).		8b. Address			
8c. Tel No.	8d Cell No.			8e. Fax No	0.		8f. E-Mail Add	ress
8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)								
Is there now a strike or picketing at the E (Name of labor organization)						timately how many e	mployees are pa	rticipating?
Organizations or individuals other than I known to have a representative interest in a NONE	Petitioner and tho	se named ir	n items	8 and 9, whi	ich have claim	ed recognition as rep	presentatives and	d other organizations and individuals
10a. Name	10b. Ad	dress				10c. Tel. No.		10d. Cell No.
						10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conducts any such election. 			To .	r position wit	th respect to	11a. Election Type		Mail Mixed Manual/Mail
11b. Election Date(s): 4/6/2020	5:00 - 7	ection Time ':00 AM & 1		:00 PM		11d. Election Loca TBD		
12a. Full Name of Petitioner (including lo International Union, Security, Police and F	ire Professional	s of Americ				25510 Kelly Road		city, state, and ZIP code) 8066
12c. Full name of national or international la International Union, Security, Police and F	ire Professionals	of America	a (SPF	PA)		t (if none, so state)		
12d. Tel No. 586-772-7250 X111	586-872-5634			12f. Fax N 586-772-9	644		12g. E-Mail Ad organize@spf	
13. Representative of the Petitioner who	will accept servi	ce of all pa	pers fo	r purposes	of the repres	entation proceedin	g.	
13a. Name and Title Gordon Grego	ory, Genera	al Coun	sel			d number, city, state, 27, Detroit, MI 48226	and ZIP code)	
13c. Tel No. 313-964-5600	13d. Cell No.			13e. Fax N 313-964-2			13f. E-Mail Ad Gordon@Unio	
I declare that I have read the above petiti	on and that the	statements	are tru	e to the bes	st of my know	dedge and belief.	738 12	
Name (Print) Signature (Print)	Mature	Stul	lipa	Title Organizing	Director		Date 3/12/2020	

ps 3/12/2020
WILLFUL FALSE STATEMENTS ON AHIS PEUTION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE	IN THIS SPACE
Case No.	Date Filed
15-RC-258014	March 16, 2020

							FEET 10, 20.
INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other partie Case Procedures (Form NLRB 4	The petition must be accomes named in the petition of:	panied by both a si (1) the petition; (2)	howing of Interest (see 6) Statement of Position for	b below) and m (Form NL	l a certificat RB-505); an	e of service : d (3) Descrip	egion in which the showing service on tion of Representation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	titioner desires to be certified	as representative of t	the employees. The Petitio	oner alleges	that the foll	owing circun	nstances exist and
2a. Name of Employer: MV Transportation, Inc			Establishment(s) involved ay Fort Walton Beach			, State, ZIP co	ode):
3a. Employer Representative - Na Dennis Franklin	ame and Title:	3b. Address (if san same	ne as 2b - state same):			- 1950 1111	
3c. Tel. No. 850-609-7001	3d. Cell No.	3e. Fax N	0.	3f. E-Mail A dennis.fra		transit.com	· · · · · · · · · · · · · · · · · · ·
4a. Type of Establishment (Factory)	, mine, wholesaler, etc.)		pal Product or Service		10.000000000000000000000000000000000000		e unit is located:
Transportation		Transit	Services			ton Beach,	
5b. Description of Unit Involved: Included: All Full-time and Regular Part	t-Time Drivers, Dispatche	ers, Utility and Ro	ute Lead-Persons		48	er of Employee	es in Unit:
Excluded: All Managers, Supervisors, C	· [12]				of the e	mployees in t inted by the P	nber (30% or more) the unit wish to be retitioner? X Yes No
Check One: 7a. Request for re on or about (Date 7b. Petitioner is co	ecognition as Bargaining Repr 0 3/13/12/20 (If urrently recognized as Bargai	no reply received, so	state).		d Employer o	declined recog	gnition
8a. Name of Recognized or Certif			ddress:				
8c. Tel. No.	8d, Cell No.	8e. Fax N	0.	8f. E-Mail A	ddress		
8g. Affiliation, if any:	4	8h. Date of F	Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or picketing	at the Employer's establishme	ent(s) involved?	If so, approxima	tely how mar	ny employees	s are participa	nting?
(Name of Labor Organization)			· · · · · · · · · · · · · · · · · · ·	has picketed	the Employe	er since (Mon	th, Day, Year)
 Organizations or individuals oth individuals known to have a rep 						es and other o	organizations and
10a. Name	10b. Address			10c. Tel. No	0.	10d. Cell No.	
Lavon Lindsey	112 S. Broa	d St. Mobile, AL	Charles Control of the Control of th		251-433-1521		359
				10e. Fax No 251-433-	1524		address @yahoo.com
 Election Details: If the NLRB of The election to be held on sit 			ition with respect to any sur	ch election:		n Type:	Mixed Manual/Mail
11b. Election Date(s):	11c. Election T			11d. Election	n Location(s		TAINED THE TOP HELD
03/19/2020 or 03/26/2020			:00pm & 2:pm - 5:00p	600 Trans	sit Way Fo	rt Walton B	each, FL 32547
12a. Full Name of Petitioner (inclu Teamsters Local Union No.		!	12b. Address (street and 112 S Broad Street			ZIP code):	
12c. Full name of national or internal International Brotherhood Of		hich Petitioner is an	affiliate or constituent (if no	one, so state)	-		7-7-1
12d. Tel. No. 202-624-6800	12e. Cell No.	12f. Fax N	lo,	12g. E-Mail www.tear			
13. Representative of the Petition 13a. Name and Title: Lavon Lindsey	er who will accept service of	13b. Addr	poses of the representati ess (street and number, cit Broad Street Mobile,	ly, State and	ZIP code):		ė.
13c. Tel. No.	13d, Cell No.	13e. Fax I	No.	13f. E-Mail	Address		
251-433-1521	251-583-8359	251-433			@yahoo.c	om	
I declare that I have read the above			he best of my knowledge	and belief.			. I Data
Lavon Lindse	Signatu	nen hino	Luy Pri	esident,	busid	ess Agi	ent 03/13/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD DO NOT WRITE IN THIS SPACE

Case No 15-RC-258014

April 21, 2020

FIRST AMENDED RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

PURPOSE OF THIS PETITION. RC-CERTIFICATION OF REPRESENTATIVE. A substituted number of employees wish to be represented for purposes of collective benganing by Petitioner and Petitioner degrees to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist an requisits that the National Labor Relations Soard proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

25. Address(es) of Establishment(s) involved (Street and number oily. State. ZIP code) 2s. Name of Employer MV Transportation, Inc. 600 Transit Way, Fort Walton Beach, FL 32547 Is Employer Representative - Name and Title 3b Address (If some as 2b - state some) Denuis Franklin SAME AS ABOVE Sc Ted No. 3d Cell No. 3n Fax No. 37 E-Mail Address (850)609-7001 dennis franklin a mytransit com

5a. City and State where unt is & istrment (Factory, mine wholesaler etc.) 4b Principel product or service Fort Walton Beach, FL. Transit Services 5b. Description of Unit Involved Included: Included: All full-time and regular part-time Drivers, Road Supervisors, Dispatchers, Utility, Schedulers, and 48 6h. Do a substantial number (50% or more) of the employees in the unit wish to be represented by the Reservationists Excluded: All Managers, Supervisors, Clerical Workers, Mechanics and Guards as defined by the Act. Petitioner? Yes [X] No [] Excluded: Check One: 3 Request for recognition as Bargaining Representative was made on (Date) 3/13/2020 and Employer declined recognition on or about 3/13/2020 (Date) (If no reply received, so state). To Politioner is currently recognized as Bargaining Representative and desires pertification under the Act &a. Name of Recognized or Certified Bargaining Agent (If none, so state).

(b) Address Bc. Tel No. Bd Cell No. Rf F-Mail Address 6g Affiliation, If any Bi Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification ct. If any (Month, Day, Year) 10 Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individual known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10d Cell No. 10b Address 10c Tel No. 10f. E-Mail Address 10e Fex No 11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a Election Type ____Manual X__Misl ____Mixed Manual Manual Manual Manual Mixed Manual Manual Manual Mixed Manual 11c. Election Time(s) 11d Flection Location(s): Mail Mail 12b Address (street and number, city, state, and 2P sode) 112 S Broad St, Mobile, AL 36602-1109 12a. Full Name of Petitioner (including local name and numb International Brotherhood of Teamsters, Local Union No. 991 12c. Full name of nat International Brotherhood of Teamsters 12d. Tel No 12e Cell No 12g E-Mail Address (251)433-1521 (251)583-8359 (225)433-1524 hdrooster ay ahoo.com 13. Representative of the Petitioner who will accept service of all papers r purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Lavon Lindsey SAME AS ABOVE Business Agent 13d Cell No. 13e Fax No. SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE n and that the stat its are true to the best of my knowledge and ballet. I declare that I have read the above pa Name (Print) 4/20/2000

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1801) Lavon Lindsey

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Ad (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assess the National Relations Board (NLRB) in processing representation and related proceedings or ligitation. The routine uses for the information are fully set torth in the Federal Register, 71 Fed. Reg. 74

43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause: NLRS to decline to involve its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE
Cose No. Date,

15-RD-257239

3/2/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, \(\frac{\text{WWW.plrb.gov/}}{\text{post}} \), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. PURPOSE OF THIS PETITION: RO- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Stroet and number, city, state, ZIP code) Amfuel 601 Firestone Dr., Magnolia, Arkansas 71753 Carathia " resentative - Name and Title 3b. Address (If same as 2b - state same) Same __Michael 3c. Tel. No. Accordino, President 3e. Cell No. 31 F-Mail Address michael.accordino@amfuel.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Manufacturing facility Rubber fuel bladders 5a, Description of Unit Involved 5b. City and State where unit is located: All production, maintenance and truck driver employees at the Company in Magnolia, Arkansas Magnolia, Arkansas Office, clerical employees, professional and technical employees, watchmen guards, and supervisory 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently 6. No. of Employees in Unit 273 recognized bargaining representative? X Yes [] No 8a. Name of Recognized or Certified Bargaining Agent United Steelworkers Local 607L AFL-CIO-CLC 8b. Affiliation, if any The United Steelworkers Bc. Address 8d. Tel. No. Be. Cell No. Attention: Michael Martin (501) 467-5226 (501) 467-5226 1300 Rollingbrook Drive, Suite 504 81. Fax No. Bo E-Mail Address (b) (6), (b) (7)(C) Baytown, TX 77521 (501) 778-3256 Qusw.org 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) May 1, 2017 April 30, 20202 11a, is there now a strike or picketing at the Employer's establishment(s) involved? Yes No 11b. If so, approximately now many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) NA a labor organization, of (Insert Address) since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations. None and Individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a, Name 12d, Fax No. 12e. Cell No. 12f, E-Mail Address 13. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Hold an election 13a. Election Type: Manual Mail Mixed Manual/Mail 13b. Election Date(s) 13c, Election Time(s) 13d. Election Location(s) May 1, 2020 10AM Magnolia, Arkansas 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code) 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) 14d, Cell No. 14e. E-Mail Address (b) (6), (b) (7)(C) 14f. Affiliation, if any Amfuel employee 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a, Name (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 15d. Tel. No. 15a. Fax No. (b) (6), (b) (7)(C) 15a, E-Mail Addross (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I declare that I have read the above patition and that the statements are true to the heat of my knowledge and belief. Name (Print) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 02/28/20

WILLFUL FALSE STATEMENTS ON PRIOR CAR DE PONISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT W	RITE IN THIS SPACE	
Case No. 16-RC-257874	Date Filed 3/11/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4009 Commercial Center Drive Suite 600 Victory Wine Group 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 4009 Commercial Center Drive Suite 600 TX Austin 78744-Derek Starnes 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address derek.starnes@victorywinegroup.com (480) 459-1955 (512) 450-4860 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Wine and Liquor Sales and Distribution Beverages (Alcoholic) Austin, TX 5b. Description of Unit Involved 6a. No. of Employees in Unit: 12 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🗸 Manual 🦳 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 24, 2020 6:00-8:00 a.m.; 3:00-5:00 p.m. Break Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Rick Miedema Teamsters Local No. 997 4200 South Freeway Suite 625 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (*if none, so state*) International Brotherhood of Teamsters 12g. E-Mail Address rick.miedema@teamsters997.com 12d. Tel No. 12e. Cell No. 12f. Fax No. (817) 293-3782 (817) 229-0127 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David Watsky Attorney Lyon, Gorsky & Gilbert, L.L.P. 12001 North Central Expressway Suite 650 TX Dallas 75243-13c Tel No. 13d Cell No 13e. Fax No. 13f. E-Mail Address dwatsky@lyongorsky.com (214) 965-0090 (214) 415-7913 (214) 965-0097 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date David K. Watsky Attorney David Watsky 03/11/2020 15:03:07 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included Warehouse Workers and Drivers

Employees Excluded
Managers and supoervisors

DO NOT WRITE IN THIS SPACE						
Case	Date Filed					

Joni L. Tulenchik

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Joni L Tulenchik

RC PETITION

DO NOT	WRITE IN THIS SPACE
Case No. 18-RC-257613	March 09, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Precision Land + Tree Clearina 7993 140th St. N MN Hugu 55038-3b. Address (If same as 2b – state same) 3a. Employer Representative - Name and Title Cory Groholski 7993 140th St. N MN Hugu 55038-3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (612) 685-3403 (612) 685-3403 (651) jascor@comcast.net 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Construction Services Landscape & Tree removal 5b. Description of Unit Involved Hugo, MN 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% Excluded: See Altached Page 2 for additional details or more) of the employees in the unit wish to be represented by the Petitioner? Yes [v | No | Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 02/27/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 2829 Anthony Lane South MN Minneapolis 55418-Operating Engineers Local 49 Victor Ruzynski 8c. Tel No. 8d Cell No. 8e. Fax No. (612) 788-9441 8f. E-Mail Address (612) 788-1936 vruzviski@local49 or 8g. Affiliation, if any 8h, Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 04/30/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petilioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c, Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11a. Election Type: Manual V Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): March 30, 2020 11d. Election Location(s): 10:00 am Hugo, MN 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Joni L Tulenchik Highway Construction Workers Local 78 18505 State Hwy 371 MN Brainerd 56401-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Christian Labor Association of the United States of America 12e. Cell No. 12f. Fax No. (218) 454-5018 12g. E-Mail Address (320) 212-0058 itulenchik@cla-usa.com (218) 454-5019 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

National Representative

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included

4

Employees Excluded

C

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
18-RC-257613	March 09, 2020	

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE I	DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed	
18-RC-257776	March 10, 2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on

1. PURPOSE OF THIS PET	RB 4812). The showing of TION: RC-CERTIFICATION	interest should only be of REPRESENTATIVE -	filed with the NLRB - A substantial numb	and should not be er of employees wish	RB-505); and (3) Description served on the employer or at to be represented for purpose that the following circumstar	ny other party. s of collec ive
					National Labor Relations Act	
2a. Name of Employer: OT Training Solutions, LLC. 2b. Address(es) of Establishment(s) involved (S 1500 HWY 15 Camp Ripley Bldg		nvolved (Street and ley Bldg. 10-6.	number, City, State, ZIP code): 5 Little Falls, MN 536	45		
3a. Employer Representativ Joyce A. Ward Human Resource Ma		3b. Address (if so	ame as 2b - state sa es Richard Be	me): all Blvd., Suite	e 12 Debary, FL 3271	3
3c. Tel. No. 386-320-0456	3d. Cell No. 407-406-4404		3e. Fax No. 3f. E-Mail Address jward@otts-llc.com			
4a. Type of Establishment (F Simulations / Wareh	actory, mine, wholesaler, etc. OUSC		cipal Product or Servary Training Se		5a. City and State where unit Little Falls, MN	is located:
	regular part-time training s oyed at the employer's 1500	HWY 15 Camp Ripley B	ldg. 10-65 Little Fall	s, MN facility	6a. Number of Employees in 3	Unit;
Excluded: Office clerical en other employees		oyees, guards and supervi	isors as defined by t	he act and all	6b. Do a substantial number of the employees in the un represented by the Petitio	nit wish to be
Check One: X 7a. Reques on or about 7b. Peti ion 8a. Name of Recognized or	(Date) er is currently recognized as	(If no reply received, s Bargaining Representative	so state).	Sec. 4. 37 8 5	d Employer declined recognition	n
8c. Tel. No.	8d. Cell No.	8e. Fax No. 8f. E-Mail		Address		
8g. Affiliation, if any: 8h. Date of Recognition or Certification.			ation 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			
Is there now a strike or pic (Name of Labor Organizati		blishment(s) involved? N	O If so, ap		ny employees are participating?	-
	als other than Petitioner and the a representative interest in a				epresenta ives and other organ state)	izations and
10a. Name	10b. Add	Iress		10c. Tel. N	o. 10d. Cell No.	
				10e. Fax N	o. 10f. E-Mail Addre	SS
11. Election Details: If the N Any such election	LRB conducts and election in	n this matter, state your po	osition with respect to	any such election:	11a. Election Type: X Manual Mail	Mixed Manual/Mail
11b. Election Date(s): March 31, 2020		ction Time(s): m = 1:30pm			lection Location(s): k Room	
12a. Full Name of Petitione District Lodge 77, Ir and Aerospace Worl	iternational Associat		12b. Address (st. 1901 S. Me	yers Rd., Suite	y, State and ZIP code): 210 Oakbrook Terrac	ce, IL 60181
12c. Full name of national or International Associa					:	
12d. Tel. No. 815-280-6400 12e. Cell No. 815-214-4587					Address ke@iamaw.org	
13. Representative of the P 13a. Name and Title: William J. LePinske	etitioner who will accept se	13b. Ad	dress (street and nur	mber, city, State and		
13c. Tel. No. 815-280-6400	13d. Cell No. 815-214-4587		80-6345		ke@iamaw.org	
I declare that I have read th				Title		Data
Name (<i>Print</i>) William J. LePinske		signature	D gitally a greed by W B am Joseph Leff na DN cm-William Joseph Leff reike co-inten Association of Machin sha and Association on annal who make (Haman ong c-US Date: 2020)0000 1055 00, 0000	Grand Lod	ge Rpresentative	3/10/2020

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
18-RC-258165	March 18, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 23650 State Hwy 60 NE MN Worthington 56187-Alltech d/b/a Ridley 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3031 Catnip Hill Road KY Nicholasville 40356 E. Michael Castle II 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food Processing Worthington, MN 5b. Description of Unit Involved 6a. No. of Employees in Unit: 4 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 2, 2020 12:00 p.m 12:45 p.m. Conference Room 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Paula Steig Bakers Union Local No. 433 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) Bakery, Confectionery, Tobacco Workers and Grain Millers International Union, AFL-CIO, CLC 12g. E-Mail Address bctgmbakerslocal433@gmail.com 12d, Tel No. 12e. Cell No. 12f. Fax No. (712) 577-0589 (605) 242-3816 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date President/Business Agent Paula Steid Paula Steig 03/17/2020 14:43:08

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE		
Case Date Filed		
18-RC-258165	March 18, 2020	

Employees Included All Drivers, Production and Maintenance Employees

Employees Excluded All Managers, Guards and Supervisors as defined in the AT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Filed March 31, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nks.gov/ submit an original of this Petition to an NLRB office in the Region in which the amployer conterned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): MN 3b. Address (if same as 2b - state same): of E-Meil Address info @ ramseyco.com 3d. Cell No. Se. Fax No. 4b. Principal Product or Service xcavatino cription of Unit Involved: 6a. Number of Employees in Unit eoplar full-time and reoplar Dort drivers Ramsey Companies located in Brooklyn Park MN 6b. Do a substantiel number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes roffessional, Managers, gourds Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (if none, so state) 8b. Address: 8c. Tel. No. 8d. Call No. Ba. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? if so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c Tel No 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: an expedited election requesting Manual Mail Mixed Manual/Mail 11b. Election/Date(s): 4 / 9 2020 11c. Election Time(s); 11d. Election Location(s) Employee 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code) ST NF leamsters 12c. Full name of national or international labor organization of which Petitioner is an attitude or constituent (if none, so state): 12d. Tel. No. 12e. Cell No. 12g. E-Meil Address OSIattery 12f. Fax No. accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code); ragnizer 13c. Tel. No. 13e. Fax No., 13f. E-Mail Address 163-361-6120 65-343-1714 763-361-6124 PSI of I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. e (Print

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No.	Date Filed
18-RC-258635	March 31, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 800 East 28th Street MN Minneapolis 55407 Abbott Northwestern Hospital 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Mail Route 10705 2925 Chicago Avenue South MN Minneapolis 55407-Tim Kohls 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address timothy kohls@allina.com (612) 262-5023 (612) 262-4164 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hospital Minneapolis, MN 5b. Description of Unit Involved 6a. No. of Employees in Unit: 90 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) 03/31/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8b. Address 345 Randolph Avenue Suite 100 MN St. Paul 55102-8a. Name of Recognized or Certified Bargaining Agent (If none, so state). SEIU, Healthcare MN Jamie Gulley 8c Tel No 8d Cell No 8e Fax No. 8f. E-Mail Address (651) 294-8100 (651) 294-8200 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 06/30/2020 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 🔽 Manual 🗆 Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 28, 2020 6:30am to 8:30am to 2:30pm to 4:30pm Abbott Nor hwestern 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 13750 Crosstown Drive NW Suite 108 MN Andover 55304-5855 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) 12g. E-Mail Address xraybrendas@aol.com 12d Tel No 12e. Cell No. 12f. Fax No. (763) 213-8252 (612) 423-0633 (763) 753-7463 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Brenda K. Sollars President 03/31/2020 12:04:11 Brenda K. Sollars

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE		
Case 18-RC-258635	Date Filed March 31, 2020	

Employees Included

All regularly scheduled full-time, part-time, and casual Diagnostic Imaging Technologists, Special Imaging Technologists, and Multi-Specialty Imaging Technologists.

Employees Excluded

All managers, guards, and supervisors as defined by the Act, and all other employees.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE	
Case No. 19-RC-257250	Date Filed 3/2/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 520 N 4th Ave WA Pasco 99301-Lourdes Medical Center 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 520 N 4th Ave WA Pasco 99301 Linda Miller 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address linda.miller@lourdesonline.org (509) 547-7704 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Healthcare Pasco, WA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 100 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 5030 1st Ave S, Ste 200 WA Seattle 98134-United Food and Commercial Workers Local 21 Matt Loveday 8c Tel No 8d Cell No. 8f F-Mail Address 8e. Fax No (206) 419-0433 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 12/31/2021 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:
Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 25, 2020 6am-8am, 11am-1pm, 6pm-8pm on-site at Lourdes Medical Center 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Matt Loveday United Food and Commcercial Workers Local 21 5030 1st Ave S. Ste 200 WA Seattle 98134 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Food and Commercial Workers, AFL-CIO 12g. E-Mail Address mloveday@ufcw21.org 12d Tel No 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Matt Loveday Organizer Matt Loveday 03/2/2020 08:55:07

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRIT	E IN THIS SPACE
	Date Filed
19-RC-257250	3/2/2020

Employees Included

All full-time, regular part-time, and per diem nonprofessional employees, including the following job classes: Central Supply Technicians, Emergency Technicians, Endoscopy Aides, Endoscopy Technicians, Financial Counselors, Health Unit Coordinators, Nursing Assistants, Nursing Assistants—Certified, Patient Transporters, Sterile Processing Aides, Sterile Processing Technicians, Surgical Support Aides, Radiology Aides, Rehab Aides, Registration Specialists, and Telemetry Technicians, employed by the Employer at Lourdes Medical Center, 520 N 4th Ave, Pasco, WA 99301.

Case

Employees Excluded

Excluded: All other employees, confidential employees, managerial employees and guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
19-RC-257499	3/5/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 165 N. Arlington Heights Road Suite 150 IL Buffalo Grove 60089-Kay & Associates, Inc. 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 165 N. Arlington Heights Road Suite 150 IL Buffalo Grove 60089-Brad Kay 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address bradkay@kayinc.com (847) 255-8444 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Military Aircraft Maintenance and Repair Aerospace & Defense Oak Harbor, WA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): Tuesday, March 24, 2020 11c. Election Time(s): 11d. Election Location(s): 11:00 a.m. - 1 00 p.m. Break room or board room. 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Jesse Cote Aerospace Machinists Industrial, District Lodge 751, AFL-CIO 9125 - 15th Place South WA Seattle 98108 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) International Association of Machinists & Aerospace Workers, AFL-CIO 12g. E-Mail Address iessec@iam751.org 12d. Tel No. 12e. Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Spencer Nathan Thal Staff Attorney Aerospace Machinists Industrial, District Lodge 751 9125 - 15th Place South WA Seattle 98108-13c Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address spencert@iam751.org (206) 764-0338 (206) 764-0303 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Staff Attorney Spencer Nathan Thal 03/5/2020 06:01:43 Spencer Nathan Thal

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	
19-RC-257499	3/5/2020	

Employees Included

All full time and regular part-time aircraft mechanics 1, aircraft mechanics 2, aircraft mechanics 3, inspectors, supply technicians, logs and records and leads working for Kay and Associates, Inc. out of 950 West Essex Road, Oak Harbor WA 98278.

Employees Excluded As defined in the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
19-RC-257543	3/5/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Metalfab Inc. 5302 W. Can Giesen St., West Richland, WA 99353 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): 5302 W. Can Giesen St. John Springer West Richland, Wa 99353 3c. Tel. No. 3d Cell No. 3f F-Mail Address 509-967-2946 509-554-1763 info@metalfabwa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Factory and construction Steel fabrication and erection Richland, WA 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All shop employees. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Peti ioner? ☒ Yes Excluded: All officer clericals, supervisors, guards as defined by the Act, and employees represented by other unions.

| a. Request for recognition as Bargaining Representative was made on (Date) 3/5/2020 and Employer declined recognition on or about (Date) no reply (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) N/A 8d. Cell No. 8f. E-Mail Address 8c. Tel. No. 8e. Fax No. 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? N_0 If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) N/A10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail N/A 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 5302 W. Can Giesen St. April 3, 2020 10:00 AM West Richland, WA 99353 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 110 Main St., #100, Edmonds, WA 98020 Iron Workers District Council of the Pacific Northwest and its Affiliated Local Union #14 12c. Full name of national or international labor organiza ion of which Petitioner is an affiliate or constituent (if none, so state). International Association of Bridge, Structural, Ornamental, and Reinforcing Iron Workers, AFL-CIO 12d Tel No 12e Cell No. 12f Fax No. 12q. E-Mail Address 425-771-4766 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Danielle Franco-Malone 18 West Mercer St., Ste. 400, Seattle, WA 98119 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 206-257-6011 206-257-6047 franco@workerlaw.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Danielle Franco-Malone s/Danielle Franco-Malone 3/5/2020 Attorney

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-257661	7/6/2020			

And the second s										3/0/20	20
INSTRUCTIONS: Unless e-Fil employer concerned is locate the employer and all other pa Case Procedures (Form NLRI	ed. The petition me rties named in the	ust be accompar e petition of: (1) t	nied by l the petit	ooth a si ion; (2) S	nowing of interest (se Statement of Position	ee 6b b n form (elow) and (Form NL	d a certificat RB-505); an	e of service d (3) Descrip	showing service of tion of Represent	on tation
PURPOSE OF THIS PETITION bargaining by Petitioner and requests that the National I	Petitioner desires to	o be certified as re	epresent	ative of t	he employees. The Pe	etitione	r alleges	that the foll	owing circui	mstances exist an	
Sound Mental Health 6400				Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): -00 Southcenter Blvd ukwila, WA 98188							
3a. Employer Representative -	Name and Title:				ne as 2b - state same).):					
				O Southcenter Blvd							
President and CEO		Τ	ukwil	a, WA	98188						
3d. Cell No. 206-901-2000			2					.evans@sound.health			
4a. Type of Establishment (Factory, mine, wholesaler, etc.) community behavioral health organization				4b. Principal Product or Service behavioral health services			5a. City and State where unit is located: Washington state				
5b. Description of Unit Involve Included: Please see addendum a								570	er of Employe	es in Unit:	
Excluded: Please see addendum attached.						of the employee			mployees in	ential number (30% or more) oyees in the unit wish to be if by the Petitioner? Yes No	
Check One: X 7a. Request for on or about (D 7b. Petitioner	ate) 03/06/	20 (If no r	eply rece	eived, so		/06/20 on unde		d Employer o	declined reco	gnition	
8a. Name of Recognized or Ce					ddress:						
8c. Tel. No.	8d. Cell No.	all No.			8e. Fax No.		8f. E-Mail Address				
8g. Affiliation, if any:				Date of R	ecognition or Certificat		n 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
Is there now a strike or picketi (Name of Labor Organization)		's establishment(s) involve	ed?	If so, approx	NUMBER OF STREET	SCHOOL BUT CHINGS SEE		s are participa er since (Mor	ating? nth, Day, Year)	
Organizations or individuals individuals known to have a									es and other	organizations and	
10a. Name	10	10b. Address						10c. Tel. No.		10d. Cell No.	
						5/10-101				E-Mail Address	
11. Election Details: If the NLR	B conducts and ele	ction in this matte	er, state y	our posi	tion with respect to any	ly such	election:	11a. Election Manua	_	Miyed Manus	lic/Mle
11b. Election Date(s): 11c. Election Time(s): TBD							Manual Mail Mixed Manual/Mail 1d. Election Location(s): TBD				
12a. Full Name of Petitioner (including local name and number): SEIU Healthcare 1199NW				12b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Suite 200 Renton, WA 98057							
12c. Full name of national or inte Service Employees Int	rnational labor orge ernational Un	anization of which tion (SEIU)	Petition	er is an a	affiliate or constituent ((if none	, so state)	:			
12d. Tel. No. 202-730-7000	12e, Cell No.			2f. Fax N	100000		2g. E-Mail				
13. Representative of the Petitioner who will accept service of all pape 13a. Name and Title: Akson Mounlamai Field Admin Assistant				13b. Address (street and number, city, State and ZIP code): 15 South Grady Way, Suite 200 Renton, WA 98057							
13c. Tel. No.	13d. Cell No. 425-919-		1: 4	13e. Fax No. 425-971-9707			13f. E-Mail Address aksonm@seiu1199nw.org				
I declare that I have read the a	bove petition and	that the stateme	nts are	true to ti	ne best of my knowle	_	nd belief.				
Name (Print)	()	Signature	11.			Title	4-1-1	l-1	A	Date	1.
AKSON Mount	MAI		$V \mathcal{A}$	M	w l	Fie	na f	tamin	ASSTS	spartt3/6	100

Sound Mental Health Addendum to attach to Petition (RC) March 6, 2020

1-, . *

Voting Group A (Non-Professional Employees)

Included: All regular full-time, part-time, on-call and per diem employees in the following classifications employed by the Employer at all of its facilities of Sound Mental Health:

Admissions Service Representative, Benefits Specialist, Call Center Representative, Care Coordinator, Certified Peer Counselor, Cook, Courier, Health Information Technician, Janitorial Technician, Kitchen Aide, Lead Cook, Lead Facilities, LPN, LTC/MH Technician, LTC/Residential Counselor, LTC/Residential Counselor - On-Call, LTC/Residential Counselor - Per Diem, Maintenance Professional, Maintenance Tech, Maintenance Tech II, Medical Assistant, Medical Support Staff, Parent Partner, Resident Specialist, Residential Counselor, RHIT, SSVF Administrative Assistant, Support Staff, WDT Facilitator, WISe Facilitator, WISe Lead Family Peer, WISe Parent Partner, Youth Partner

Excluded: All other employees, managers, confidential employees, and supervisors, as defined in the Act.

Voting Group B (Professional Employees)

Included: All regular full-time, part-time, on-call and per diem employees in the following classifications employed by the Employer at all of its facilities of Sound Mental Health:

ARNP, AS Clinician Lead II, Boundary Spanner, Case Manager – CSS, Clinical Intake Spec & Farestart Counselor, Clinical Intake Specialist, Clinician, Clinician - Lead, Crisis Mental Health Specialist, Crisis Stabilization Counselor, Forensic Clinical Housing Support Specialist, Housing Case Manager, Housing Specialist, LTC/Residential Case Manager, Physician Assistant, Registered Nurse, Residential Nurse, SEP Vocational Specialist, SSVF Case Manager, SUD Clinician, SUD Clinician - Lead, Vocational Specialist, Wraparound Facilitator

Excluded: All other employees, managers, confidential employees, and supervisors, as defined in the Act.

Request for Sonotone Election: Petitioner requests a Sonotone election to ascertain whether or not the Professional Employees in voting group B wish to be included in a single unit with the Non-Professional Employees in voting group A for the purposes of collective bargaining.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
19-RC-257993	3/13/2020					

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition mus named in the p	be accompare etition of: (1)	nied by bot the petition	h a showing of interest; (2) Statement of Pos	st (see 6b sition for	below) and n (Form NL	d a certifica: RB-505): an	te of service showing d (3) Description of R	service on Representation		
PURPOSE OF THIS PETITION: bargaining by Petitioner and Petitioner and Petitioners that the National Laboratory	ioner desires to b	e certified as r	epresentati	ve of the employees. The	ne Petitio	ner alleges	that the foll	owing circumstances	collective exist and		
2a. Name of Employer:											
MPF Federal, LLC		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 702 Russell Ave, Suite 440, Richland, WA 99354									
3a. Employer Representative - Nar	3	b. Address	(if same as 2b - state sa	ame):							
Tyson Bellamy			same								
3c. Tel. No.	3d. Cell No.		3e. l	Fax No.		3f. E-Mail A	ddress		2001		
202-266-2441			tbellamy ⁴				@mpffederal.com				
4a. Type of Establishment (Factory,		etc.)	4b. Principal Product or Service			5a. City and State where unit is located:					
Federal Government Contract	ing		Training and Technical Services			es	Richland, WA				
5b. Description of Unit Involved: Included:				##W		2		er of Employees in Unit			
	h Tf	N!!	. 1 1 / . 2 .	1 4			19				
Patient Registration and Healt Excluded:	ii iiiomauon .	specialists, a	ind Medic	ai Assistants			Oh Danie		,		
Nurses, supervisors, managers	and all other	mnlowass						ubstantial number (30% employees in the unit w			
			ntative was	made on (Date)	3/12/2	0 200		ented by the Petitioner	Yes No		
Check One: X 7a. Request for reconnection on or about (Date)	No reply, this serves as de	(If no r	eply receive	ed, so state).	3/12/2	and	a Employer	declined recognition			
☐ 7b. Petitioner is cui					cation und	der the Act.					
8a. Name of Recognized or Certifie	ed Bargaining A	jent (If none, s	so state)	8b. Address:			3-151	7.50			
Austin DePaolo				1103 W. Sylves	ster St.				sarier.		
8c. Tel. No.	el. No. 8d. Cell No.			8e. Fax No.			8f. E-Mail Address				
509-547-7513							9_adepaolo@outlook.com				
8g. Affiliation, if any: Teamsters Local 839				8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)							
9. Is there now a strike or picketing a	t the Employer's	establishment(s) involved?	No O If so, a	proximat	ely how mar	y employee	s are participating?			
(Name of Labor Organization)				110	.1	nas picketed	the Employ	er since (Month, Day,	Year)		
Organizations or individuals other individuals known to have a repre								es and other organizati	ons and		
10a. Name	10b.	Address				10c. Tel. No).	10d. Cell No.			
			İ			10e. Fax No.		10f. E-Mail Address			
11. Election Details: If the NLRB co	nducts and election	n in this matte	er, state you	r position with respect t	o any suc	h election:	11a. Election		man anathra		
11b. Election Date(s): 11c. Election Tim			ne(s): 11d. Elect				tion Location(s):				
42- Full Name of Details (feet de		, , , ,		170. 111. 7							
12a. Full Name of Petitioner (includ				12b. Address (s							
Austin DePaolo, Teamste				1103 W. S	•		Sitsion Hilbir	99301			
12c. Full name of national or internat		zation of which	Petitioner i	s an affiliate or constitu	ent (if nor	ne, so state).					
International Brotherhood of T											
12d. Tel. No. 12e. Cell No.				[] P(), 2(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			ail Address				
509-547-7513 x 13	509-551-921	_	(2023)	9-546-2560				@outlook.com			
 Representative of the Petitione Name and Title: 	r who will accep	service of al									
Austin DePaolo, Business A		13b. Address (street and number, city, State and ZIP code, 1103 W. Sylvester St. Pasco, WA 99301									
13c. Tel. No.	13d. Cell No.		13e	Fax No.		13f. E-Mail	Address				
509-547-7513 x 13	509-551-921	2	100000000000000000000000000000000000000				team839_adepaolo@outlook.com				
declare that I have read the above			99990	2007 ANG 2006 MANG 2007 AND AND AND AND AND ADDRESS OF THE PARTY AND AD	owledge						
Name (Print)		Signature	4) tali	Title			===	Date		
Austin DePaolo	he	ush B			isiness Ag	3/12/20					

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 19-RC-258038	Date Filed 3-13-2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 3101 Lathrop Street AK Fairbanks 99701 Family Centered Services of Alaska 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1825 Marika Road AK Fairbanks 99709 John W. Regitano 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (907) 474-3621 johnr@fcsa-ak com (907) 474-0890 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Behavioral Health Residential Treatment Fairbanks, AK 5b. Description of Unit Involved 6a. No. of Employees in Unit: 50 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/05/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 2, 2020 Medical Room, Chugach Wing, 3101 Lathrop Street, Fairbanks, AK 9970 6:00 - 8:00 a.m. & 2:00 - 4:00 p.m. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) John Corbett
Laborers' International Union of North America (LIUNA), Local 942 affiliated with Alaska District Council of Laborers Laborers' International Union of North America (LIUNA), Local 942 affiliated with Alaska District Council of Laborers are affiliated or council of Laborers and Affiliated with Alaska District Council of Laborers and Affiliated with A 2740 Davis Road Ak Fairbanks 99709-5231 12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state) Laborers' International Union of Nor h America (LIUNA) 12g. E-Mail Address icorbett@local942.net 12d. Tel No. 12e. Cell No. 12f. Fax No. (907) 456-4584 (907) 378-1710 (907) 452-6285 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Khalial Leigh Withen General Counsel Alaska District Council of Laborers 2501 Commercial Drive AK Anchorage 99501-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address kwithen@alaskalaborers.com (907) 276-1640 (907) 341-7295 (907) 274-7289 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date General Counsel Khalial Withen 03/13/2020 10:43:29 Khalial Leigh Withen

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

Employees Included

		-)	_			-	-	_	_	-			
Me	nt	al	Н	ea	lth	T	e	ec	:h	n	ic	iar	าร

Employees Excluded

All other employees, confidential employees, clerical employees, and guards and supervisors as defined in the Act

DO NOT WRITE IN THIS SPACE Case Date Filed

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 19-RC-258041	Date Filed 3/13/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

(Form NLRB-505); and (3) Descrip	tion of Repres	entation Case	Procedures (Form NL				
with the NLRB and should not be	served on the	employer or a	ny other party.				
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner or requests that the National Labor Relational Company	lesires to be certif	fied as representat	ive of the employees. The	Petitioner alleges t	hat the following	circumstances exist and	
2a. Name of Employer ANNING-JOHNSON COMPANY		2b. A	ddress(es) of Establishmer 0 NE 95th Suite #20	nt(s) involved (Street	and number, city,		
3a. Employer Representative – Name an			3b. Address (If same a	s 2b – state same)			
Ryan Till - District Manager & Vic			Same as above				
3c. Tel. No. 425-885-1990	3d. Cell No. N/A		3e. Fax No. 425-869-5824			gjohnson.com	
4a. Type of Establishment (Factory, mine, CONSTRUCTION	wholesaler, etc.)	4b. Principal pro	oduct or service RING / FIREPROOFI	NG		and State where unit is located: nd, Washington	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: SEE ATTACHED Excluded: SEE ATTACHED						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No	
√ 7b. Petitioner is d	(Date)	(If no reply receive ed as Bargaining F	ed, so state). Representative and desires			ined recognition on or about	
8a. Name of Recognized or Certified Bar CEMENT MASONS AND PLASTERERS	8b. Address	E SOUTH, SEATTL	HOGHAVANII IIMAAATAAAA				
8c. Tel No. 206-441-9386	-7.11 PA-THE PA-THE TO THE PART OF THE PAR		8e. Fax No. 206-441-9018		8f. E-Mail Address SPELOQUIN@OPCMIALOCAL528.ORG		
8g. Affiliation, if any OPCMIA-AFL-CIO						Pate of Current or Most Recent (Month, Day, Year)	
Is there now a strike or picketing at the E (Name of labor organization)			1? NO If so, approx keted the Employer since (ticipating?	
10. Organizations or individuals other than known to have a representative interest in	Petitioner and tho	se named in items	8 and 9, which have claim	ed recognition as rep	presentatives and	other organizations and individuals	
10a. Name	10b. Ad	dress		10c. Tel. No.	M-102-111	10d. Cell No.	
	b.			10e. Fax No.		10f. E-Mail Address	
 Election Details: If the NLRB conduct any such election. 		is matter, state you lection Time(s):	ur position with respect to	osition with respect to 11a. Election Type: Manu		Mail Mixed Manual/Mail	
11b. Election Date(s):	11d. Election Location(s):			¥			
12a. Full Name of Petitioner (Including local name and number) STEVEN PELOQUIN - CEMENT MASONS AND PLASTERERS LOCAL #5							
12c. Full name of national or international la OPERATIVE PLASTERERS AND CEME!	TMI SMOSAM TV		SSOCIATION #528	at (if none, so state)	77112-7712		
12d. Tel No. 12e. Cell No. 206-441-9386 206-919-5240			12f, Fax No. 12g, E-Ma 206-441-9018 SPELOQU			dress OPCMIALOCAL528.ORG	
13. Representative of the Petitioner who	will accept serv	ice of all papers f	or purposes of the repres	entation proceedin	g.		
13a, Name and Title STEVEN PELO	QUIN-BUSIN	ESS AGENT	13b. Address (street and 6362 6TH AVE SOUTH, SE		and ZIP code)		
13c. Tel No. 206-441-9386	13d. Cell No. 206-919-5240		13e. Fax No. 206-441-9018		13f. E-Mail Add SPELOQUIN@	ress OPCMIALOCAL528.ORG	
I declare that I have read the above petit		statements are tr		vledge and belief.			
Name (Print) Signature (Print)	nature	1	Title BUSINESS AGENT		Date 3	-13-20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



America's Oldest Building and Construction Trades International Union, Established 1864

Cement Masons & Plasterers Local 528

ATTACHMENT to 5b: Description of Unit involved

EMPLOYEES INCLUDED

All full and regular part time Plasterers Journeyman and apprentices employed by the employer, in the territorial jurisdiction of Local No. 528 which includes: Chelan, Clallam, Douglas, West half of Ferry, Grays Harbor, Island, Jefferson, King, Kitsap, Klickitat, Lewis, Mason, Okanogan, Pacific, Pierce, San Juan, Skagit, Snohomish, Thurston, Whatcom and Yakima.

EMPLOYEES EXCLUDED

All other employees including those represented by other unions, guards and supervisors as defined in the Act.

Name (Print) Tim Titus

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 19-RC-258057	Date Filed 3/16/2020				

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, [Www.filrb:gov/], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 10985 S.W. Clutter Rd. Sherwood Oregon 97140 2a. Name of Employer: Asplundh Trees 3a. Employer Representative - Name and Title: 3b Address (if same as 2b - state same): DeWayne Emerson Same 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 530-514-3312 demerson@Asplundh.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Tree Trimmers Trim Trees Sherwood Oregon 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Forest Technician to be included with the existing bargaining agreement. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

X
Yes Managers, Supervisors and all other employees Check One: 🔀 7a. Request for recognition as Bargaining Representative was made on (Date) 3-12-2020 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certifled Bargaining Agent (If none, so state) 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b, Address 10c. Tel, No. 10d, Cell No. 10f. E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: As soon as possible Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d, Election Location(s): 12a. Full Name of Petitioner (including local name and number): Tim Titus - IBEW Local 125 12b. Address (street and number, city, State and ZIP code): 17200 N.E Sacramento St. Portland Oregon 97230 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): IBEW Local 125 12d. Tel. No. 12g. E-Mail Address 12e. Cell No. 12f. Fax No. 503-262-9947 503-262-9125 503-360-7404 tim@ibew125.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code). Tim Titus - Organisor 17200 N.E. Sacramento St. Portland Oregon 97230 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 503-262-9125 503-360-7404 503-262-9947 tim@ibew125.com I declare that I have read the above petition and that the statements are tryle to the best of my knowledge and belief.

Organisor

3-12-2020

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 19-RC-258144		Date Filed 3-17-2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Intercontinental Truck Body 78 Gold Street Anaconda, MT 59711 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Cory Riley, Operations Manager Same 3c. Tel. No. 3d Cell No. 3e. Fax No. 3f. E Mail Address 406-797-7900 406-581-5753 corvr@itbusa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Manufacturing/Fabrication Facility Manufacturing and Fabricating equipment for loading ramps and tow vehicles Anaconda, MT 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full time and regular part time production, fabrication, maintenance and facilities maintenance employees of 8b. Do a substantial number (30% the employer at the facility located at 78 Gold Street, Anaconda, MT 58711 or more) of the employees in the Excluded: Temps, Managers, Supervisors, Clerical Workers, and all other employees including professional employees, managerial employees, guards, unit wish to be represented by the supervisors, and other employees as defined by the Act. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 3/17/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No Reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): APRIL 6, 2020 Lunch room, 78 Gold Street Anaconda, MT 59711 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 156 West Granite Street Butte, MT 59701 International Association of Machinists and Aerospace Workers, Local Lodge 88 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Association of Machinists and Aerospace Workers, AFL-CIO 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 406-723-8044 406-565-0062 troy@iamw24.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Jason Hardwick, Grand Lodge Representative 13b. Address (street and number, city, state, and ZIP code) 620 Coolidge Rd., Suite 130, Folsom, CA 95630 13c Tel No 13d Cell No. 13e. Fax No. 13f. E-Mail Address 916-985-8101 916-936-6013 916-985-8121 jhardwick@iamaw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date geture 3/17/2020 Jason Hardwick Grand Lodge Representative

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UN TED STATES GOVERNMENT NAT ONAL LABOR RELAT ONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No 20-RC-257991	Date Filed 3/13/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b Address(es) of Establishment(s) involved (Street and number, city, Sta 900 Hyde St. San Francisco, CA 94109 2a. Name of Employer Dignity Health St. Francis Memorial Hospital 3a. Employer Representative Name and Title 3b Address (f same as 2b state same) 185 Berry Street, Su te 300, San Franc sco, CA 94107 Judy Coff n 3c Tel No 3d Cell No 3e Fax No 3f E-Mail Address judy.coff n@d gn tyhea th.org (415) 438-5755 415-438-5726 4a Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b Principal product or service Hea thcare Hea thcare San Franc sco, CA 5b. Description of Unit Involved 6a No of Employees in Unit Included: All Medical Social Workers, Licensed Social Workers, and Marriage & Family Therapists 6b Do a substantial number (30% or more) of the employees in the Excluded: All other classifications including but not limited to guards managers confidential employees and supervisors as defined unit wish to be represented by the by the Act Petitioner? Yes V No Check One: Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address None 8c Tel No 8d Cell No 8e Fax No 8f E-Mail Address 8g Affiliation if any 8h Date of Recognition or Certification 8i Expiration Date of Current or Most Recent Contract if any (Month, Day, Year) 9 s there now a strike or picketing at the Employer's establishment(s) involved? No. f so approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10 Organizations or individuals other than Petitioner and those named in items 8 and 9 which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above (If none, so state) 10a Name 10b Address 10c Tel No 10d Cell No None 10e Fax No 10f E-Mail Address 11 Election Details: f the NLRB conducts an election in this matter state your position with respect to 11a Election Type V Manual Mixed Manual/Mail Mail any such election 11b Election Date(s) April 7, April 14, or April 15 11c Election Time(s) 12:30pm-1:30pm 11d Election Location(s) Lower Level conference room C 12a. Full Name of Petitioner (including local name and number) 12b Address (street and number, city, state, and ZIP code) 560 Thomas L Berkley Way Oakland CA 04612 Service Employees nternational Union United Healthcare Workers West 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees nternational Union 12d Tel No 12e Cell No 12f Fax No 12g E-Mail Address 510 251 1250 mmason@seiu uhw org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b Address (street and number, city, state, and ZIP code) 13a Name and Title William T. Hanley, Attorney 1001 Marina Village Parkway Suite 200 Alameda CA 94501 13d Cell No 13e Fax No 13f E-Mail Address 510 337 1001 510 337 1023 whanley@unioncounsel net; nlrbnotices@unioncounsel.net I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (*Print*) William T. Hanley Signature Title March 13, 2020 Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solici ation of he informa ion on this form is authorized by the National Labor Relations Act (NLRA) 29 U S C § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litiga ion. The routine uses for the information are fully set forth in the Federal Register 71 Fed. Reg. 74942 43 (Dec. 13, 2006). The NLRB will fur her explain these uses upon request. Disclosure of this information to the NLRB is volun ary however failure to supply he information will cause the NLRB to decline to invoke is processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	* DO NOT WRITE IN	THIS SPACE
Case No.		Date Filed
	20-RC-257995	Mar 12 2020

INSTRUCTIONS: Unless e-Filed	d using the Agenc	y's website, www	v.nlrb.gov/	, submit an original o	of this Petition to	an NLRB	office in the Design	m in subia	ch the
employer concerned is located the employer and all other part Case Procedures (Form NLRB	d. The petition mus ties named in the p	st be accompanied petition of: (1) the i	l by both a s petition: (2)	showing of interest (see Statement of Position	ee 6b below) and	d a certifica	ate of service show	ving serv	vice on
PURPOSE OF THIS PETITION bargaining by Petitioner and Prequests that the National La	N: RC-CERTIFICAT	TION OF REPRESE	ENTATIVE -	A substantial number of	of employees wish	to be repre	esented for purpose	s of colle	ective
2a. Name of Employer: American Medical Resp		2b. A	ddress(es) o	of Establishment(s) invo wa St. #1, Aiea,	olved (Street and				4:
3a. Employer Representative - N Andy Ancheta, Operation	Name and Title: Ons Manager	3b. Ad Sam		me as 2b - state same));				
3c. Tel. No. 808-487-2221	3d. Cell No. N/A		3e, Fax N N/A	No.	3f. E-Mail A andrew.		@amr.net		
4a. Type of Establishment <i>(Factor</i> Healthcare		, etc.)		ipal Product or Service lance Transporta		5a. City as Honol	nd State where unit ulu, Hawaii	is locate	ed:
5b. Description of Unit Involved noluded: "CCT (Critical Care) R1 Excluded:		- See Attachm	nent A			93	er of Employees in	33.031416	
See Attachment A Check One: 7a. Request for r	recognition as Bara	nining Ponrocentat	ivo was mad	le es (Date)		of the represe	substantial number (employees in the ur ented by the Petition	nit wish to ner?	o be
on or about (Dat	ie)	(If no reply	received, so			J Employer	declined recognition	1	
Ba. Name of Recognized or Cert International Associatio	ified Bargaining A	gent (If none, so sta	ate) 8b. A	ddress: Burgin Parkwa		/IA 021	69		
sc. Tel. No. 8d. Cell No. 906-709-6270						8f. E-Mail Address dsardad@nage.org			
Bg. Affiliation, if any: Nat'l Assoc. of Gov't Employees SEIU L. 5000			8h. Date of Recognition or Certification N/A 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 09-30-201					0-2019	
 Is there now a strike or picketing (Name of Labor Organization) 	at the Employer's	establishment(s) in	volved?	No If so, approx			es are participating? ver since (Month, Da		
Organizations or individuals oth individuals known to have a repair.	her than Petitioner a presentative interes	and those named in it in any employees	items 8 and in the unit de	9, which have claimed escribed in item 5b abo	recognition as re	epresentative			
10a. Name	10b.	Address			10c. Tel. No).	10d. Cell No.		
			10e. F			o. 10f. E-Mail Address			
11. Election Details: If the NLRB of CCT RN's share a commu					y such election:	11a. Election		Mixed Ma	anual/Mail
1b. Election Date(s): 4 March 2020			ne(s): 7am to 10am			11d. Election Location(s): 99-840 Iwaiwa St.#1 Aiea, HI 96701			
2a. Full Name of Petitioner (incl	The second secon	. Manual Landing	ED.	12b. Address (street				-	-
International Association		·		159 Burgin Par			0 8		NL RB
2c. Full name of national or intern National Association of Go	ational labor organi overnment Emp	zation of which Peti ployees (NAGE)	SEIU Loc	affiliate or constituent (i cal 5000	if none, so state):		110	É	REC SU
2d. Tel. No. 12e. Cell No.			12f. Fax No.			12g. E-Mail Address		J	OEIVE B-RE
3. Representative of the Petition 3a. Name and Title: Dary Sardad, National F		t service of all pap		ess (street and number			HAWA		ED EGION 3
3c. Tel. No.		16-709-6270	13e. Fax N		dsardad	13f. E-Mail Address dsardad@nage.org			=
declare that I have read the abo	ve petition and tha	Cianatura						Da	
Dary Sardad		Signature	nature			National Representative			

Attachment A

To RC Petition filed on ______ by International Association of EMT's and Paramedics (IAEP) for Armour-Globe self-determination election to add CCT (Critical Care) RN's (Nurses) to existing bargaining unit.

5b. Description of Unit Involved:

Included:

All full-time and regular part-time CCT (Critical Care) RN's (Nurses) employed by the Employer in the City and County of Honolulu, in the State of Hawaii.

These employees are petitioning to join the existing IAEP-represented Unit of "All full time and part-time MICTs, EMTs employed by the Employer in the City and County of Honolulu, in the State of Hawaii."

Excluded:

All other employees and supervisors as defined in the Act.

RECEIVED ON 37

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 20-RC-258155	3/18/202				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.int.gov/, submit an original of this Petition to an NLRB office in the Region()n which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Recology Golden Gate 900 7th Street, San Francisco, CA 94107 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Anthony S. Crescenti, General Manager Same 3d. Cell No. 3f. E-Mail Address 3c. Tel. No. 3e. Fax No. (408) 464-4394 acrescenti@recology.com 4b. Principal Product or Service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Sanitation Sanitation 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See attached Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? x Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by this petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) Teamsters Local 350 295 - 89th Street, Suite 304, Daly City, CA 94015-1729 Bc. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address (650) 757-7290 (650) 272-7016 j.coca@ibtlocal350.com (650) 757-7294 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Brotherhood of Teamsters 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 295 - 89th Street, Suite 304, Daly City, CA 94015-1729 Teamsters Local 350 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12e. Cell No. 12g. E-Mail Address 12d. Tel. No. 12f. Fax No. (650) 757-7290 (650) 757-7294 (650) 272-7016 j.coca@ibtlocal350.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Sheila K. Sexton, Attorney 483 Ninth Street, Ste. 200, Oakland, CA 94607 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (510) 625-9700 (510) 625-8275 ssexton@beesontayer.com; I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Data 03/18/20 Attorney for Petitioner Sheila K. Sexton

ATTACHMENT TO RC PETITION

RECOLOGY GOLDEN GATE

Petitioner seeks to represent the Employer's Diversion Auditors through a "Globe" selfdetermination election, which will ascertain the desires of these employees to be represented by the Petitioner in a stand-alone unit or to be included in the existing unit.

5b. Description of Unit Involved:

Current Unit.

Included: All full-time and regular part-time Helper/Driver, Recycling

Collector, Commercial Driver, Route Leadperson/Fan 3, Shop Foreperson, Assistant Shop Foreperson, Mechanic/Truck Welder,

Shop Person employees employed by the Employer.

Excluded: Supervisors and guards, as defined in the Act.

Proposed Unit.

Included: SAME AS ABOVE BUT ADD Diversion Auditor employees

Excluded: Supervisors and guards, as defined in the Act.

6a. Number of Employees in Unit:

Current Unit – approximately 200

Proposed Unit – approximately 206

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
20-RD-257265	3/2/2020				

(2-18)	NATIONAL LABOR R		Case No.	Date Filed			
1	RD PET		20-RI	257265	3/2/2020		
employer concerned is local the employer and all other p	ed. The petition must be arties named in the petition	accompanied by both a showing on of:(1) the petition; (2) Stateme	it an original of this Petition to an NLRB office in the Region in which the g of interest (see 7 below) and a certificate of service showing service on ent of Position form (Form NLRB-505); and (3) Description of Representation th the NLRB and should <u>not</u> be served on the employer or any other party.				
PURPOSE OF THIS PETITION recognized bargaining repres	ON: RD- DECERTIFICATIOn their research	ON (REMOVAL OF REPRESENTA	TIVE) - A substantial nu ges that the following o	mber of employees	assert that the certified or currently st and requests that the National		
2a. Name of Employer			olishment(s) involved (St	areas, red are	ity, state, ZIP code)		
Toyota of Vallejo		THE STATE OF THE S	way, Vallejo, CA		A score are contained		
Ba, Employer Representative	Name and Title	3b, Address (If same as	2b - state same)				
leff Wilson, Owner		Same					
3c. Tel. No.	3d. Fax No.	3e. Cell No	3f. E-Mail Add	ress	10 10 100		
(707) 504-0880 4a. Type of Establishment (Fact	on, mine wholesplan etc.)		Jerre	product of service	valleyo .com		
Car Dealership	ory, mme, wholesaler, etc./		Car Sales	oroduct of service	0		
5a. Description of Unit Involved			Car bares		5b. City and State where unit		
See AHa	rchment				is located: Vallejo, California		
6. No. of Employees in Unit 30		al number (30% or more) of the em	ployees in the unit no lor	nger wish to be rep	resented by the certified or currently		
Ba. Name of Recognized or Cert		200 mg - skr. 200 mg r [V] 162		. Affiliation, if any			
Machinists Local Lodge	1173						
Bc, Address	- 507.00			. Cell No.			
1900 Bates Ave #H, Co.	ncord, CA 94520	(92	5)457-8341				
		81.1	ax No.	AMail Address	130, sbcalobal.		
9. Date of Recognition or Certific	ration	10. Expiration Date of C					
DEC 6 201		DEU 5,		made, if any proof	in, Day, reary		
		ablishment(s) involved? Yes		and and the base and	any employees are participating?		
11c. The Employer has been plo			ITID. II so, app	noximately now ma	a labor organizatio		
	keled by or on belian or (ii	nsert (varie)		since	(Month, Day, Year)		
(Insert Address)	other those named in items	8 and 11c, which have claimed re-	cognition as representati		WITH CASH COLD AND ADDRESS		
and individuals known to have	e a representative interest	in any employees in the unit descr	ibed in item 5 above. (If	none, so state)			
2a. Name	12b. Address		12c. Tel. No.		12d. Fax No.		
			12e. Cell No.		12f. E-Mail Address		
3. Election Details: If the NLR	B conducts an election in the	his	13a Flaction	Type: X Manual	Mail Mixed Manual/Mail		
matter, state your position wi	th respect to any such elect	tion.			LI Man LI Mixed Manual/Man		
3b. Election Date(s)		ection Time(s)	13d. Election	ALCOHOLD MANAGEMENT	0.11-1- CA 04501		
March 25, 2020	11:00	AM- 11:30 AM	201 Auton	nali Parkway, '	Vallejo, CA 94591		
(b) (6), (b) (7)(C)							
4a, Address (Street and humbs (b) (6), (b) (7)(C)	er, city, stale, ZIP code)		14b, Tel, No. (b) (6), (b) (7)	Carried III	14c, Fax No.		
THE SERVICE			14d. Cell No.		14e, E-Mail Address		
14f. Affiliation, if ange					(b) (6), (b) (7)(C)		
1000	ioner who will accept sen	vice of all papers for purposes o	f the representation pro	ceeding.			
Sa. Name J		A STATE OF THE PROPERTY OF THE	15b.Title				
b) (6), (b) (7)(C)			(b) (6), (b) (7)	(C)			
5c. Address (Street and number	r, city, state, ZIP code)		15d. Tel. No.		15e, Fax No.		
			(b) (6), (b) (7				
			15f. Cell No.		15g. E-Mail Address		
January Market Company	(5)(6)	(b) (7)(C)			(b) (6), (b) (7)(C)		
declare that I have read the a lame (Print)	pove petition and (D) (O)	, (b) (1)(C)	my knowledge and b	ellet.	Date Filed		
b) (6), (b) (7)(C)			(b) (6), (b) (7)	(e)	2/2/2		
WILLELL EALSE	STATEMENTS OF		The Court of the C	ENT/US CODE	TITLE 18 SECTION 1 101)		

AGREEMENT

THIS AGREEEMENT by and between TOYOTA OF VALLEJO, hereinafter known as the "EMPLOYER" and MACHINISTS AUTOMOTIVE TRADES DISTRICT LODGE NO. 190 OF NORTHERN CALIFORNIA, for an on behalf of AUTOMOTIVE LODGE NO. 1173, INTERNATIONAL ASSOCIATION OF MACHINISTS MACHINISTS AND AEROSPACE WORKERS, hereinafter referred to as the "UNION" shall be as follows:

WITNESSETH

RECOGNITION SECTION 1

The Employer and the Union hereby agree to be bound by the following specifications covering hours, wages, and working conditions for those employees and for who wages and benefits are provided herein. The Employer recognizes the Union as the exclusive bargaining representative for all employees covered by this Agreement at its facility at 201 Auto Mall Parkway, Vallejor CA 94591 All pher employees, Conficient

employees, employees represented by other labor organizations UNION SECURITY Supervisors as defined SECTION 2 National Labor

2.01 Employees covered by this Agreement who are not members of the Union shall, as a condition of their continued employment, tender to the Union the customary initiation fee and monthly dues uniformly required within thirty-one (31) days after the beginning of their employment or the execution date of this Agreement, whichever is the later.

- The Employer shall discharge any employee who has not complied with 2.02 paragraph 2.01 of this section within five (5) working days after the Union provides the Employer written notice of such non-compliance.
- The Union agrees to hold the Employer harmless from any claims, damages, or suits arising out of or by reason of the enforcement of the Union Security provisions contained herein.

NOTIFICATION OF HIRE AND TERMINATION **SECTION 3**

After the hiring of any employee covered by this Agreement and within twenty 3.01 four (24) hours of such employment, the Employer shall direct said employee to the office of the Union, along with a registration form provided for that purpose, setting forth the employee's date of hire, classification, and rate of pay. Said registration form shall be given by the Employer to the employee, to be presented to the Union. The Union will then fill out a triplicate form including the above information, one copy clearly marked "EMPLOYER'S COPY", one clearly marked "SHOP STEWARDS COPY" and one copy to be retained by the Union. During the first sixty (60) calendar days of

> MLRB, REGION 20 RECEIVED

Excluding.

UN TED STATES OF AMER CA NAT ONAL LABOR RELAT ONS BOARD RM PETITION

DO NOT WRITE IN THIS SPACE				
Case No	Date Filed			
20-RM-257482	3/5/2020			

INSTRUCTIONS: Unless e Filed using the Agency's website www.nlrb.gov/ submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented the evidence shall not be served on any party.

1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more nd v duals or labor organ zat ons have presented a cla m to the Employer/Pet t oner to be recogn zed as the representative of employees of the Employer/Pet t oner or the Employer/Pet t oner has a good fath uncertainty about major ty support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Pet t oner named in this pet ton this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer/Petitioner:

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

45-020 B. Malulani St. Kaneobe, HI 96744

National Labor Relations Do	aru proceeu unc	iei its propei au	thority pursuant to	J Section 3	or the Nation	iai Laboi ixe	iations Act.		
2a. Name of Employer/Petitioner: Asplundh Tree Expert, LI	LC		dress(es) of Establishi 20 B Malulani S				, State, ZIP code):		
3a. Employer/Petitioner Represent	tative - Name and		dress (if same as 2b -						
John Dettl, VP of Labor F	Relations	708 I	708 Blair Mill Rd, Willow Grove, PA 19090						
3c Tel No	3d Cell No		3e Fax No		3f E-Mail				
215.784.4318	215.284.581	6			jdettl@	utilservco	orp.com		
4a Type of Establishment (Factory, Tree trimming	mine, wholesaler, e	etc)	4b Principal Productor Tree trimming		to utilities	3			
5a. Description of Unit Involved:						5b City ar	nd State where unit is loo	cated	
Included:									
See attached									
See attached						6 Number	of Employees in Unit		
Unless a charge alleging a violation of Table 7a A labor organization made a					applicable				
x 7b The Employer/Petitioner has			y support for an existi	ng represent	ative				
8a. Name of Recognized or Certific International Brotherhood			cal 1260			8b Affiliati	on if any		
8c Address 700 Bishop Street, Suite 1	1600			8d Tel No 808.941		8e Cell No	8e Cell No		
Honolulu, HI 96813				8f Fax No 808.946.1260		8g E-Mail			
				808.946		_	ibewlocal1260.	org	
9 Date of Recognition or Certification December 21, 2018	n			10 Expiration Date of Current or Most Recent Contract if any (Month, Day, Year) 05/10			5/16/2020		
11 s there now a strike or picketing	at the Employer's	establishment(s) in	volved? No	f so appro	ximately how r	nany employe	es are participating?		
(Name of Labor Organization)					has pickete	ed the Employ	er since (Month, Day, Y	ear)	
12 Organizations or individuals other demanded recognition as representations of the demanded recognition as representations (If none, so state) None									
12a Name and affiliation if any	12b <i>A</i>	Address			12c Tel I	No	12d Cell No	ell No	
					12e Fax I	No	12f E-Mail Address		
13. Election Details: f the NLRB co	nducts and election	n in this matter sta	te your position with re	espect to any	/ such election	13a Electio	l n Type		
			, , , , , , , , , , , , , , , , , , , ,	,		x Manua	al Mail Mixe	d Manual/Mail	
13b Election Date(s)	13c E	Election Time(s)			13d Elect	ion Location(s	<u> </u>		
March 24-26	6:30	-7 a.m. (Kea'	au), 5:30-6 p.m	ı. (Captai	n) Kea'au	and Capt	ain Cook		
14. Representative of the Employe			of all papers for pu	rposes of th	e representati	on proceedin			
14a Name and Title			14b Address (stree			d ZIP code):			
Sarah Rain, Attorney			111 Monument		11te 4600				
			Indianapolis, IN	N 46202					
14c Tel No	14d Cell No		14e Fax No			il Address			
317.916.2167	248.660.572	6	317.916.9076		sarah.r	ain@ogle	tree.com		
I declare that I have read the above	e petition and that	the statements a	re true to the best o	f my knowle					
Name (Print)		Signature			Title			Date	
Sarah M. Rain					Attorney 03/05/20				

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE

21-RC-257335

3-3-2020

INSTRUCTIONS: Unless e-Filed employer concerned is located, the employer and all other partie Case Procedures (Form NLRB 4)	The petition must be accor is named in the petition of:	mpanied by : (1) the pet	both a lition; (2)	showing of interest (see 6) Statement of Position for	b below) an m (Form Ni	id a certifica LRB-505): ai	ite of service nd (3) Descri	showing service on Intion of Representation	
PURPOSE OF THIS PETITION: bargaining by Pelitioner and Pet requests that the National Lab	itioner desires to be certified	as represe	ntative of	the employees. The Petitio	oner alleges	s that the fol	lowing circu	imstances exist and	
2a. Name of Employer:				of Establishment(s) involved	The second second		A TABLE AND A DOLLAR THE		
PSAV San Diego Branch	ı			on Gorge Rd Ste H,	Carlotte Control of the Control			y yarrane	
3a. Employer Representative - Na	me and Title:	3b. Addr	ess (if sa	ame as 2b - state same):					
Natalic Hobson, Regiona	il VP	Same						*	
3c. Tel. No.	3d. Cell No.	-	3e. Fax I	No.	3f, E-Mall	Address			
619 952 3931							com		
4a. Type of Establishment (Factory,	mine, wholesaler, etc.)	1		ipal Product or Service		5a, City at	nd State when	re unit is located:	
Contractor			Audio	visual services		San Dic	A CONTRACTOR OF THE PARTY OF TH		
5b. Description of Unit Involved: Included: See attached						6a. Numb	er of Employe	ees in Unit:	
Excluded:					2	6h Dogs	uhatantial au	mber (30% or more)	
See attached						of the	employees in	the unit wish to be	
Check One: 7a. Request for re-	cognition as Bargaining Rep	resontative	was mad	te on (Date)	ar		declined race	Petitioner? X Yes N	
on or about (Date)	(H	no reply red	pelved, se	o state).			D 56500 155 1600 755 75		
8a. Name of Recognized or Certifi	rrently recognized as Bargal			and desires certification un Address:	der the Act.				
-			,						
8c. Tel. No.	8d. Cell No.	T	Bc. Fax N	ło.	8f. E-Mail A	Address	***************************************		
8g. Affiliation, if any:		8h.	Date of I	Recognition or Certification			urrent or Mos (Month, Day,		
9. Is there now a strike or picketing a	t the Employer's establishme	ent(s) lovely	red? NI	o If so, approximat	alu how ma	ny employee	s are narticla	aling?	
(Name of Labor Organization)			140	Limited 2				nth, Day, Year)	
Organizations or Individuals other Individuals known to have a representation	r than Petitloner and those n esentative interest in any em	named in ite oployees in t	rns 8 and he unit d	9, which have claimed reco	ognition as r	epresentativ			
10a. Name	10b. Address				10c. Tel. N	0.	10d. Cell No).	
(3)					10e. Fax N		10f. E-Mail Address		
<u>\$</u>					100.1 dx 14	o .	JUI. L-WIGH F	Nuuross	
11. Election Details: If the NLRB co	nducts and election in this m	nalter, state	your pos	ition with respect to any suc	h election:	11a. Electio	n Type:		
Election sought				***************************************		X Manua	l Mail	Mixed Manual/Mall	
11b. Election Date(s):	11c, Election Ti	77.3.500				on Location(s			
March 16, 2020	8am to 8pr					and warehouse			
12a. Full Name of Petitioner (included Int'l Alliance of Theatrica	-0 -2		22	12b. Address (street and a 3737 Camino Del				iego CA 92108	
12c. Full name of national or internat	lonal labor organization of wh	hich Petition	nor is an	effdiate or constituent (if nor	e, so steto)	:			
Int'l Alliance of Theatrica				AND THE RESERVED TO SERVED		Pri			
12d. Tel. No.	12e. Cell No.		2f. Fax N	No.	12g. E-Mail	Address			
619 640 0042		nestrone and				@iatse12	2.org		
 Representative of the Petitione 13a. Name and Tillo: 	r who will accept service o	11	3b. Addr	ress (street and number, city	, State and	ZIP code):			
Robert S. Giolito, Attorney				Wilshire Blvd Ste 160			90025	Paragraph Cartes House	
13c. Tel. No.	13d, Cell No.	1	3e. Fax I	1	13f, E-Mail			No.	
310 935 3555	310 897 1082	o^{\perp}				@giolitol	aw.com		
declare that I have read the above Name (Print)	Signature		true to t	he heart of my knowledge				Date	
Robert S. Giolito		en	1/		torney			3/2/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (M.RA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment to Petition for Election

PSAV San Diego Branch

Included:

All full time and regular part-time employees employed by the Employer in San Diego County, including all warehouse technicians, drivers, riggers, lead riggers, technicians, technical specialists, technical leads, and technical supervisors.

Excluded:

All directors, managers, coordinators, supervisors, office clericals, and guards, including regional directors, warehouse directors, sales directors, operations directors, regional managers, HR managers, warehouse managers, operations managers, project managers, sales managers, project coordinators, sales coordinators, rigging coordinators, customer service reps, customer service specialists, customer account specialists, senior warehouse technicians, recruiters, administrative assistants, executive assistants, and interns.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WI	RITE IN THIS SPACE
Case No.	21-RC-257498	Date Filed 3-04-2020

RC	PETITION	2	1-RC-20/498		3-04-2020
INSTRUCTIONS: Unless e-	Filed using the Agency's web	site, www.nlrb.gov, submit	an original of this	Petition to a	an NLRB office in the Region
	cerned is located. The petition				
	on the employer and all other				
	Description of Representation				
	not be served on the employ		IND 4012). The Si	owing or in	terest should only be med
1 PURPOSE OF THIS PETITIO	N: RC-CERTIFICATION OF REPRE	SENTATIVE - A substantial number	er of employees wish to	he represente	d for purposes of collective
bargaining by Petitioner and P	etitioner desires to be certified as rep	resentative of the employees. The	Petitioner alleges th	at the following	g circumstances exist and
	abor Relations Board proceed und				
2a. Name of Employer		2b. Address(es) of Establishme		nd number, city	y, State, ZIP code)
Spectrum Security Services, Inc	N	1633 E 4th St., Suite #238, CA Santa Ana 92701-			
3a. Employer Representative –	Name and Title	3b. Address (If same a			
Henry Lewis	1010-111	1633 E 4th St., S CA Santa Ana 92	2701-	80 5 10 7 14 7	
3c. Tel. No.	3d. Cell No.	3e. Fax No.		3f. E-Mail Add	A STATE OF THE STA
(714) 542-9600	(949) 812-8959	(714) 542-9696			ectrumdetentionservices.com
4a. Type of Establishment (Facto		cipal product or service		Sa. City	and State where unit is located:
Security Systems		Security			Los Angeles, CA
5b. Description of Unit Involved					6a. No. of Employees in Unit:
Included: See Attached Page	2 for additional details	`			6b. Do a substantial number (30%
7—U IX ——					or more) of the employees in the
Excluded: See Attached Page :	2 for additional details				unit wish to be represented by the
					Petitioner? Yes [] No []
Check One: 7a. Req	uest for recognition as Bargaining Re	[] [H. 이번 : [[전시]] [] 이 [인진 (2년]] [] [[전기] [] [[H. N. H.	and	f Employer dec	lined recognition on or about
n		y received, so state).	•		
% Nome of Passagined as Con	tioner is currently recognized as Barg tified Bargaining Agent (If none, so			Act.	
International Union Security Police	e & Fire Professionals of America SP	EDA 8 its Amaloar 25510 Ke	lly Road		.
8c. Tel No.	8d Cell No.	8e. Fax No.	ille 48066	8f. E-Mail Add	ress
(800) 228-7492	(586) 709-9563	(586) 772-9644		DLHICKEY01@aol.c	
8g. Affiliation, if any		8h. Date of Recognition of	or Certification	8i. Expiration I	Date of Current or Most Recent
				Contract, if an	y (Month, Day, Year)
		03/01/2	0.274		02/29/2020
9. Is there now a strike or picketing	g at the Employer's establishment(s)	involved? No If so, approx	ximately how many em	ployees are pa	rticipating?
(Name of labor organization) _		has picketed the Employer since	(Month, Day, Year)		
10. Organizations or individuals o	ther than Petitioner and those named	in items 8 and 9, which have claim	ned recognition as repri	esentatives and	d other organizations and individuals
	terest in any employees in the unit de				
					T-2-2-1
10a. Name	10b. Address	÷.	10c. Tel. No.		10d. Cell No.
J.			10e. Fax No.		10f. E-Mail Address
			IDE. PAX NO.		Tot. E-Iviali Address
11. Election Details: If the NLRE	conducts an election in this matter,	state your position with respect to	11a Election Type:	Manual C	Mail Mixed Manual/Mail
any such election.					
11b. Election Date(s): 3/23/20	11c. Election Tim		11d. Election Locati		dian 9 24 Chia Cantas Blaza Scata A
		m & 1:30 pm to 2:30 pm			ding & 34 Civic Center Plaza, Santa A city, state, and ZIP code)
12a. Full Name of Petitioner (inc STEVE MARITAS Law Enforcement Officers Security Unio	LEAST LEAS DRA		1155 F STREET NW OC Washington DC	#1050	city, state, and zir code)
12c. Full name of national or inter	national labor organization of which P	etitioner is an affiliate or constituer		20004	
Law Enforcement Officers Security	& Police Benevolent Association LE	OS-PBA			
12d. Tel No.	12e. Cell No.	12f. Fax No.		12g. E-Mail Ad	idress
(202) 595-3510	(202) 486-8558	(202) 595-3510		Leosunions@g	Jinan, com
	oner who will accept service of all p				
13a. Name and Title		13b. Address (street an	d number, city, state, a	nd ZIP code)	
13c. Tel No.	13d. Cell No.	13e. Fax No.		13f. E-Mail Ad	dress
			1-1-1-1		
I declare that I have read the ab	ove petition and that the statement		viedge and belief.		
Name (Print)	Signature	Title Organizing Director		Date	STORE THE
	Steve Maritas	L Organizing Director		03/5/2020	13:40:56

TAS Steve Maritas Organizing Director 03/5/2020 13:40:56
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE

Case

21-RC-257498

Date Filed 3-04-2020

Employees Included

All full-time and regular part-time detention officers performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer in Los Angeles & Orange Counties

Employees Excluded

all other employees, office clerical employees, professional employees captains, lieutenants, sergeants, corporals and supervisors as defined by the Act.

DO NOT WRITE IN THIS SPACE FORM NLRB-502 (RC) UNITED STATES OF AMERICA (2-18)NATIONAL LABOR RELATIONS BOARD Case No. 21-RC-257595 Date Filed 3-6-2020 RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code); Building 42 NAS North Island, Coronado, CA Epsilon System Solutions, Inc. 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Chelsea Wignall, Human Resources Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cwignall@epsilonsystems.com 619.702.1700 619.573.7827 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal Product or Service Military Contractor Military Support Coronado, CA 5b. Description of Unit Involved: 6a Number of Employees in Unit: included: All full-time and regular part-time Hoist Technicians. 6b Do a substantial number (30% or more) Excluded: All managers, guards and supervisors as defined by the Act. of the employees in the unit wish to be represented by the Petitioner? X Yes No By petition and Employer declined recognition Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none. so state) None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f F-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer(s establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLR8 conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual □ Mail □ Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Tuesday, March 26th, 2020 11:00 a.m. – 11:15 a.m. Building 42 Break Room or Conference 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 5150 Kearney Mesa Road International Association of Machinists and Acrospace Workers, District Lodge 725 San Diego, CA 92111 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Association of Machinists and Aerospace Workers, AFL-CIO 12g E-Mail Address 12f Fax No. 12e Cell No. 12d Tel. No. imauldin@iam725.org 619-906-0394 13. Representative of the Petitioner who will accept service of all papers for for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code). 13a. Name and Title:

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT 1/1073812

510-337-1023

Weinberg, Roger & Rosenfeld

1001 Marina Village Parkway, Suite 200, Alameda, CA 94501

NLRBnotices@unioncounsel.net

Date

3/6/2020

13f. E-Mail Address

Attorney

13e. Fax No.

Caren P. Sencer, Attorney

13d. Celi No.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Signature

13c. Tel. No.

Name (Print)

510-337-1001

Caren P. Sencer

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 21-RC-2581	17 Date Filed 3-17-2020	ī				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1517 W Braden Ct CA Orange 92868-CARE Ambulance 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 1517 W Braden Ct CA Orange 92868-Mike Gorman 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (714) 288-3800 michael.gorman@falck.com (702) 465-6723 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Ambulance Transport Orange, CA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 5/4, 5/5, 5/6 11c. Election Time(s): 11d. Election Location(s): 1517 West Braden Ct, Orange, CA 92869, 16007 camino De La Cantera 8am to 12pm and 3pm to 7pm all three days 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Michael Linville
Michael Linville
International Association of EMT's and Paramedics (IAEP), National Association of Government employees (NAGE), International Association of EMT's and Paramedics (IAEP), National Association of Government employees (NAGE), International Association of Linville Politicipae is an affiliate or con-159 Burgin Parkway MA Quincy 02169-~12c. Full rame of national or international labor~rganization of which Petitioner is an affiliate or cons ituent (if none, so state)
International Association of EMT's and Paramedics (IAEP), National Associa ion of Government Employees (NAGE), Service Employees International Union 12g. E-Mail Address mlinville@nage.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (951) 334-6505 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Michael Linville Organizer 03/17/2020 13:51:30 Michael Linville

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE

Case

21-RC-258117

Date Filed **3-17-2020**

Employees Included

All full-time and part-time Emergency Medical Technicians (EMT's) and paramedics (EMT- P's), working in and out of the employers stations, operations centers, buildings, deployment centers, satellite stations located in Los Angeles (County) and Orange County, including but not limited to the following locations: 1517 West Branden Ct, Orange, CA 92868; 16007 Camino De La Cantera, Irwindale, CA, 91006; 12160 Mora Dr., Sante Fe Springs, CA, 90670; 13329 Garvey, Baldwin Park, CA 91706

Employees Excluded

All office and clerical personnel, Dispatchers, Nurses, guards and supervisors as defined by the Act

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.

21-RD-258082

DO NOT WRITE IN THIS SPACE

Date Filed 3-17-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

Case Procedures (Form NLRB	4812). The	showing of interest	should only be tile	ed with the NL	RB and s	hould <u>not</u> be served	d on the employer of	or any other party.		
PURPOSE OF THIS PETITION recognized bargaining represer Labor Relations Board proces	ntative is no I	onger their representa	ative. The Petitione	r alleges that	the follow	ing circumstances				
2a. Name of Employer Kaiser Permanente Southe	rn Permar	nente Med. Grp.	2b. Address(es) of See attached	f Establishmen	nt(s) involve	ed (Street and number	er, city, state, ZIP co	de)		
3a. Employer Representative - N Richard Rosas, Sr. Dir. Lal		е	3b, Address (If sai 4700 Sunset E		tate same) Angeles, CA 90027					
3c. Tel. No.	3d. Fax No.	1.000 in	3e. Cell No.			il Address				
626/405.5698	626/405.6					d.d rosas@kp.oi				
4a. Type of Establishment (Factory Acute care, clinic, medical					4b, Princhealth	cipal product or serv care	ice			
5a. Description of Unit Involved								d State where unit		
Included: All full-time, part-time, an Excluded:			sts, audiologists	, dietitians,	, and hea	lth educators	is locat Through Californ	out Southern		
Guards and supervisors as	defined in	the Act.								
6. No. of Employees in Unit 413	7. Do	a substantial numbe cognized bargaining r	r (30% or more) of tepresentative?	he employees Yes		no longer wish to be	represented by the	certified or currently		
8a, Name of Recognized or Certific National Union of Healthc						8b. Affiliation, if a	iny			
8c. Address 225 W. Broadway, Ste 400)			8d. Tel. No. 818/241.0	0140	8e. Cell No.				
Glendale, CA 91204				8f. Fax No. 818/241.0	0141	8g. E-Mail Address srosselli@nuhw.org				
9. Date of Recognition or Certificat $\sim\!\!2010$	ion		10, Expiration Dat 09/30/18	e of Current or	Most Rec	ent Contract, if any (Month, Day, Year)			
11a. Is there now a strike or picket	ing at the En	nployer's establishme	nt(s) involved?	Yes X No	11b. If s	o, approximately how	v many employees a	re participating?		
11c. The Employer has been picker (Insert Address)	ted by or on	behalf of (Insert Nam	me)			s	ince (Month, Day, Y	a labor organization, of		
12. Organizations or individuals off and individuals known to have						entatives and other	organizations			
12a. Name United Nurses Association	s of 955 (ddress Overland Ct., Ste	150		12c. Tel		12d. Fax No. 909/618.065)		
California/Union of Health Care Professionals, AFSM		Dimas, CA 9177	3		12e. Ce 909/74	I No. 11.0330	12f. E-Mail Addre pamela.chan	ess dran@unacuhcp.org		
13, Election Details: If the NLRB matter, state your position with					13a, Ele	ction Type: Man	ual X Mail	al X Mail Mixed Manual/Mail		
13b. Election Date(s) April 6, 2020		13c, Election Tir	me(s)		13d, Ele	ction Location(s)				
14. Full Name of Petitioner (b) (6), (b) (7)(C)										
(b) (6), (b) (7)(C) number,	city, state, Z	IP code)			14h Te (b) (6),	(b) (7)(C)	14c. Fax No.			
					14d. Ce	l No.	14e, E-Mail Addr (b) (6), (b)	ess (7)(C)		
14f. Affilia ion, if any							1			
15. Representative of the Petitio	ner who will	accept service of a	II papers for purpo	ses of the rep						
15a. Name Pamela Chandran					15b.Title Legal (Counsel				
15c. Address (Street and number, UNAC/UHCP	city, state, Z	IP code)			15d. Tel		15e. Fax No. 909/618.0659			
955 Overland Ct., Ste 150 San Dimas, CA 91773					909/451.0610 15f. Cell No. 909/741,0330		15g. E-Mail Address pamela.chandran@unacuhcp.org			
I declare that I have read the abo	ve petition	and that the stateme	ents are true to the	best of my k	1000000		pameia.enandran@unaeunep.org			
Name (Print)		Signature	-		Title			Date Filed		
Pamela Chandran		Pamee	la Chanc	tran	Legal (Counsel		03/16/20		

<u>Workplaces of Southern California Professionals Group – Speech Therapists, Audiologists, Dietitians, Health Educators</u>

1526 Edgemont MOB Speech Therapy-Regular Clinic

1526 Edgemont MOB Transplants-Liver-Outpatient

4700 Sunset MOB ESRD Multidiscipline

4700 Sunset MOB Mental Hlth/Psychiatry-RegClin

4700 Sunset MOB Pediatrics-Cystic Fibrosis

4700 Sunset MOB Pediatrics-Hematology/Oncology

Alton/Sand Canyon MOB 1 Head and Neck-Audiology

Alton/Sand Canyon MOB 1 Speech Therapy-Regular Clinic

Anaheim Kraemer Med Office I Head and Neck-Audiology

Anaheim Kraemer Med Office I Speech Therapy

Anaheim Kraemer Med Office I Speech Therapy-Regular Clinic

Antelope Valley Medical Office Head and Neck-Regular Clinic

Antelope Valley Medical Office Speech Therapy-Regular Clinic

Balboa Plaza Admin. Offices Home Health

Baldwin Park Med Center Nutritional Svcs-I/P

Baldwin Park MOB Head and Neck-Audiology

Baldwin Park MOB Head and Neck-Regular Clinic

Baldwin Park MOB Speech Therapy-Regular Clinic

Canyon Crest Mental Health Off Mental Hlth/Psychiatry-RegClin

Downey Medical Center CTAmbPeritinlDialy-AncillaSP

Downey Medical Center Nutritional Svcs-I/P

Downey/Garden MOB Speech Therapy-Regular Clinic

Edgemont MOB Neurology-Regular Clinic

Fontana Med Center Head and Neck-Audiology

Fontana Med Center Head and Neck-Regular Clinic

Fontana Med Center Mental Hlth/Psychiatry-RegClin

Fontana Med Center Speech Therapy-Regular Clinic

Fontana Medical Center - New Nutritional Svcs-I/P

Garfield Specialty Center Head and Neck-Audiology

IRIS MOB II Head and Neck-Audiology

Kearny Mesa Rehab Center Speech Therapy-Regular Clinic

Kern San Dimas MOB Physical Therapy-Regular Clin

LA Mental Health Center Nutritional Svcs-I/P

Magnolia Village Home Health

Main St Hlth Pavilion Bldg Two Mbr Education - Misc

OC Anaheim Medical Center Nutritional Svcs-I/P

OC Irvine Medical Center Nutritional Svcs-I/P

Ontario Hospital Nutritional Svcs-I/P

Ontario Vineyard MOB Head and Neck-Audiology

Ontario Vineyard MOB Speech Therapy-Regular Clinic

Orchard MOB #A ESRD Multidiscipline

Orchard MOB #A Head and Neck-Regular Clinic

OXNARD 2103 E GONZALES RD MOB Speech Therapy-

Regular Clinic

Panorama City Med Center Nutritional Svcs-I/P

Panorama City MOB #5 Head and Neck-Audiology

Panorama City MOB #5 Speech Therapy-Regular Clinic

Playa Vista MOB Primary Care-Bariatric

Regional Offices - Pasadena Genetics

Riverside Med Center CTAmbPeritinlDialy-AncillaSP

Riverside Med Center Head and Neck-Audiology

Riverside Med Center Nephrology-Regular Clinic

Riverside Med Center Nutritional Svcs-I/P

Riverside Med Center Speech Therapy-Regular Clinic

San Diego Admin Offices 1 Home Health

San Diego Admin Offices 1 Nutritional Svcs-O/P

San Diego Medical Center Nutritional Svcs-I/P

San Marcos Outpatient Med Cntr Head and Neck-Audiology

San Marcos Outpatient Med Cntr Speech Therapy-Regular Clinic

Santa Ana Medical Office Mental Hlth/Psychiatry-RegClin

Santa Clarita MOB Speech Therapy-Regular Clinic

South Bay Med Center Head and Neck-Audiology

South Bay Med Center Home Health

South Bay Med Center Nutritional Svcs-I/P

South Bay Med Center Speech Therapy-Inpatient

South Bay Med Center Speech Therapy-Regular Clinic

Sunset Medical Center Nutritional Svcs-I/P

Sunset/Edgemont MOB Head and Neck-Audiology

Tustin Executive Center Home Health

West LA Medical Center Dialysis-Regular Clinic

West LA Medical Center Head and Neck-Audiology

West LA Medical Center Nutritional Svcs-I/P

West LA Medical Center Plastic Surgery-MD

West LA Medical Center Speech Therapy-Inpatient

West LA Medical Center Speech Therapy-Regular Clinic

Wilshire Admin Offices Home Health

WLA Health Ed. & Psych Offices Primary Care-Bariatric

Woodland Hills Med Center Head and Neck-Regular Clinic

Woodland Hills Med Center Nutritional Svcs-I/P

Woodland Hills Med Center Speech Therapy-Regular Clinic

ZION MEDICAL CENTER Nutritional Svcs-I/P

ZION MEDICAL CENTER Speech Therapy-Inpatient

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

Case No.

21-RD-258174

DO NOT WRITE IN THIS SPACE

Date Filed 3-19-2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

Case Procedures (Form NLRE	3 4812). The	showing of interest	should only be file	ed with the NL	RB and s	hould <u>not</u> be serve	d on the employer	or any other party.		
PURPOSE OF THIS PETITION recognized bargaining represe Labor Relations Board proce	ntative is no lo	onger their representa	ative. The Petitione	er alleges that	the follow	ing circumstances				
2a. Name of Employer Kaiser Permanente - So. C	al. Permai	nente Med. Grp.	2b. Address(es) of see attached	f Establishment	(s) involve	ed (Street and numb	er, city, state, ZIP o	ode)		
3a. Employer Representative - N Richard Rosas, Sr. Dir Lal			3b, Address (If sai 393 E Walnut		2b - state same) Pasadena, CA 91188					
3c. Tel. No. 626/405.5698	3d. Fax No. 626/405.6	5739	3e. Cell No.			ail Address d.d rosas@kp.o	rg			
4a, Type of Establishment (Factor	v. mine. whole	esaler, etc.)		4b. Prin	cipal product or serv	rice				
Acute care, clinic, medica					Healtl					
5a. Description of Unit Involved							5b, City a	nd State where unit		
Included: All full-time, part-time, an Excluded: Guards and supervisors as			sts, audiologists	s, dietitians,	and hea	alth educators.	is loca Throug Califor	hout Southern		
6. No. of Employees in Unit 413			r (30% or more) of t	the employees	in the unit	no longer wish to h	e represented by the	e certified or currently		
o. No. or Employees in orin 413		cognized bargaining r			in the diffe	no longer with to b	e represented by the	o defined of dufferray		
8a, Name of Recognized or Certifi National Union of Health			_			8b. Affiliation, if	any	Til II		
8c. Address 225 W. Broadway, Ste 400		8d. Tel. No. 818/241.0	140	8e. Cell No.						
Glendale, CA 91204				8f. Fax No. 818/241.0141			g. E-Mail Address rosselli@nuhw.org			
9. Date of Recognition or Certifica $\sim\!2010$	tion	- 4	10, Expiration Dat 09/30/18	te of Current or	Most Rec	ent Contract, if any	(Month, Day, Year)			
11a. Is there now a strike or picke	ting at the Em	ployer's establishmer	nt(s) involved?	Yes X No	11b. If s	o, approximately ho	w many employees	are participating?		
11c. The Employer has been picke			222 - 100 - 210 - 110					a labor organization, of		
(Insert Address)		are the first terms					since (Month, Day,			
12, Organizations or individuals of	her those nar	ned in items 8 and 11	c which have clain	ned recognition	as renres			, our,		
and individuals known to have	a representa	tive interest in any en			m 5 abov	e. (If none, so state)			
12a. Name United Nurses Association		ddress	150		12c. Tel	. No. 51.0610	12d. Fax No. 909/618.065	50		
California/Union of Healt	and the second second	Dimas, CA 9177.			303/4.	51.0010	303/016.00.) 9		
Care Workers	Sanı	лика, СА 71 ().	,		12e. Ce 909/7	II No. 41.0330	12f, E-Mail Add pamela.char	ress ndran@unacuhcp.org		
13, Election Details: If the NLRB					13a, Ele	ection Type: Mar	nual X Mail	Mixed Manual/Mail		
matter, state your position with 13b, Election Date(s) April 8, 2020	respect to an	13c. Election Tin	me(s)		13d, Ele	ection Location(s)				
(b) (6), (b) (7)(C) ^r										
(b) (6), (b) (7)(C)	city, state, Zi	P code)			(b) (6),	(b) (7)(C)	14c. Fax No.			
					14d. Ce	ll No.	14e, E-Mail Add (b) (6), (b)	(7)(C)		
14f. Affilia ion, if any										
15. Representative of the Petitio	ner who will	accept service of al	Il papers for purpo	ses of the rep	resentati	on proceeding.				
15a. Name Pamela Chandran					15b.Title Legal (e Counsel				
15c. Address (Street and number, 955 Overland Ct., Ste 150	city, state, ZI	P code)			15d. Te 909/45	1.0610	15e. Fax No. 909/618.0659			
San Dimas, CA 91773					15f. Cell No. 909/741.0330		15g, E-Mail Address pamela.chandran@unacuhcp.org			
declare that I have read the ab	ove petition :	and that the stateme	ents are true to the	e best of my kr	owledge	and belief.				
Name (Print) Pamela Chandran		Signature Pamela	Chandr	an	Title Legal (Counsel		Date Filed 03/18/20		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

<u>Workplaces of Southern California Professionals Group – Speech Therapists, Audiologists, Dietitians, Health Educators</u>

1526 Edgemont MOB Speech Therapy-Regular Clinic

1526 Edgemont MOB Transplants-Liver-Outpatient

4700 Sunset MOB ESRD Multidiscipline

4700 Sunset MOB Mental Hlth/Psychiatry-RegClin

4700 Sunset MOB Pediatrics-Cystic Fibrosis

4700 Sunset MOB Pediatrics-Hematology/Oncology

Alton/Sand Canyon MOB 1 Head and Neck-Audiology

Alton/Sand Canyon MOB 1 Speech Therapy-Regular Clinic

Anaheim Kraemer Med Office I Head and Neck-Audiology

Anaheim Kraemer Med Office I Speech Therapy

Anaheim Kraemer Med Office I Speech Therapy-Regular Clinic

Antelope Valley Medical Office Head and Neck-Regular Clinic

Antelope Valley Medical Office Speech Therapy-Regular Clinic

Balboa Plaza Admin. Offices Home Health

Baldwin Park Med Center Nutritional Svcs-I/P

Baldwin Park MOB Head and Neck-Audiology

Baldwin Park MOB Head and Neck-Regular Clinic

Baldwin Park MOB Speech Therapy-Regular Clinic

Canyon Crest Mental Health Off Mental Hlth/Psychiatry-RegClin

Downey Medical Center CTAmbPeritinlDialy-AncillaSP

Downey Medical Center Nutritional Svcs-I/P

Downey/Garden MOB Speech Therapy-Regular Clinic

Edgemont MOB Neurology-Regular Clinic

Fontana Med Center Head and Neck-Audiology

Fontana Med Center Head and Neck-Regular Clinic

Fontana Med Center Mental Hlth/Psychiatry-RegClin

Fontana Med Center Speech Therapy-Regular Clinic

Fontana Medical Center - New Nutritional Svcs-I/P

Garfield Specialty Center Head and Neck-Audiology

IRIS MOB II Head and Neck-Audiology

Kearny Mesa Rehab Center Speech Therapy-Regular Clinic

Kern San Dimas MOB Physical Therapy-Regular Clin

LA Mental Health Center Nutritional Svcs-I/P

Magnolia Village Home Health

Main St Hlth Pavilion Bldg Two Mbr Education - Misc

OC Anaheim Medical Center Nutritional Svcs-I/P

OC Irvine Medical Center Nutritional Svcs-I/P

Ontario Hospital Nutritional Svcs-I/P

Ontario Vineyard MOB Head and Neck-Audiology

Ontario Vineyard MOB Speech Therapy-Regular Clinic

21-RD-258174 3-19-2020

Orchard MOB #A ESRD Multidiscipline

Orchard MOB #A Head and Neck-Regular Clinic

OXNARD 2103 E GONZALES RD MOB Speech Therapy-

Regular Clinic

Panorama City Med Center Nutritional Svcs-I/P

Panorama City MOB #5 Head and Neck-Audiology

Panorama City MOB #5 Speech Therapy-Regular Clinic

Playa Vista MOB Primary Care-Bariatric

Regional Offices - Pasadena Genetics

Riverside Med Center CTAmbPeritinlDialy-AncillaSP

Riverside Med Center Head and Neck-Audiology

Riverside Med Center Nephrology-Regular Clinic

Riverside Med Center Nutritional Svcs-I/P

Riverside Med Center Speech Therapy-Regular Clinic

San Diego Admin Offices 1 Home Health

San Diego Admin Offices 1 Nutritional Svcs-O/P

San Diego Medical Center Nutritional Svcs-I/P

San Marcos Outpatient Med Cntr Head and Neck-Audiology

San Marcos Outpatient Med Cntr Speech Therapy-Regular Clinic

Santa Ana Medical Office Mental Hlth/Psychiatry-RegClin

Santa Clarita MOB Speech Therapy-Regular Clinic

South Bay Med Center Head and Neck-Audiology

South Bay Med Center Home Health

South Bay Med Center Nutritional Svcs-I/P

South Bay Med Center Speech Therapy-Inpatient

South Bay Med Center Speech Therapy-Regular Clinic

Sunset Medical Center Nutritional Svcs-I/P

Sunset/Edgemont MOB Head and Neck-Audiology

Tustin Executive Center Home Health

West LA Medical Center Dialysis-Regular Clinic

West LA Medical Center Head and Neck-Audiology

West LA Medical Center Nutritional Svcs-I/P

West LA Medical Center Plastic Surgery-MD

West LA Medical Center Speech Therapy-Inpatient

West LA Medical Center Speech Therapy-Regular Clinic

Wilshire Admin Offices Home Health

WLA Health Ed. & Psych Offices Primary Care-Bariatric

Woodland Hills Med Center Head and Neck-Regular Clinic

Woodland Hills Med Center Nutritional Svcs-I/P

Woodland Hills Med Center Speech Therapy-Regular Clinic

ZION MEDICAL CENTER Nutritional Svcs-I/P

ZION MEDICAL CENTER Speech Therapy-Inpatient

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN	THIS SPACE
22- RC-25740	60 315 2000

	RC	PETITION			22	- MC	2-25	7741at	13	15/20
INSTRUCTIONS: Unless of employer concerned is to the employer and all other Case Procedures (Form N	cated. The petition mus r parties named in the p	t be accompanie etition of: (1) the	d by both petition;	a showing of inter (2) Statement of Po	est (see 6b b esition form (etition to elow) and Form No	o an NLRB id a certific LRB-505); a	office in the Re ate of service a and (3) Descrip	showing tion of	which the g service on Representation
	TITION: RC-CERTIFICAT and Petitioner desires to b nal Labor Relations Boa	e certified as repr	esentative	of the employees, 1	The Petitione	r alleges	that the fo	llowing circum	stance	collective s exist and
28. Name of Employer: Planned Building Se related to Planned C		nd 40	Washin	o) of Establishment(sigton St. ge NJ 07017) involved (S	treet and	number, Ci	ty, State, ZIP co	de):	
la. Employer Representati Robert Francis, Pres	ve - Name and Title:	3b. A 150	ddress (# Smith	same as 2b - state i	same):					
30. Tel. No. 973-739-0080	3d. Cell No.	38. Fax No.			31	E-Mall	Address			
a. Type of Establishment (F Residential Building	ectory, mine, wholeseler,	etc.)		ncipal Product or Se ding Services	rvice		East C	ond State where Drange, NJ	unit is l	ocated:
b. Description of Unit Invi- neluded: All full-time and reg ixcluded: All other employees theck One: 7 a. Reques	ular part-time Fro	s, supervisors	s and gu	uards as descri	bed in the		5 6b. Do a of the repres	er of Employee substantial num employees in the	ber (30) le unit v	% or more)
a. Name of Recognized or	er is currently recognized Certified Bargaining Ag		presentati tate) 8b	ve and desires certi , Address:						
c. Tel. No.	8d. Cell No.	2. 8e. Fax No. 8f. E-Mai					Address			
g. Affiliation, if any:			8h. Date o	I Recognition or Ce		Bi. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year)				
ls there now a strike or pic (Name of Labor Organizati D. Organizations or Individual Individuals known to have	on) ils other than Petitioner ar	nd those named in	items 8 a	nd 9, which have cla	, has	picketed	the Employ	es are participati ver since (Month res and other on	Day, Y	
one a. Name	1106	Address		1000	110	c. Tel. No		10d, Cell No.		
	100,7	Mulioss				10e. Fax No.		10f, E-Mail Address		
					-50				uress	
Election Details: If the Ni Election Date(s):	CO. CO.	n in this matter, et Election Time(s):	ate your po	osition with respect t			× Manua	I IIaM I	Mixe	d Manual/Mai
20/2020 a. Full Name of Petitioner	7:30	-8:30 am an	1 2:30-	- And the second second	Po	11d. Election Location(s): Porter's lunchroom and/or storage room			room	
EIU 32BJ				494 Broad Newark, N.	Street, 3rd		(7217)-337,6			
c. Full name of national or le ervice Employees In			tioner is a	n affiliate or constitu	ent (If none, a	so state):				
d. Tel. No. 37-827-3225	12e. Cell No.			36-3605		. E-Mail				
Representative of the Pe a. Name and Title: ent Garren eputy General Counse	el	service of all pap	13b. Add 25 W.	irposes of the repr dress (street and nu 18th Street, 5th York, NY 10011	mber, city, St Floor					
c. Tel. No. 12-388-3943	13d. Cell No. 917-208-428		Participation of the second	88-2062	bg	a property of	Address Dseiu321	oj.org		
eclare that I have read the me (Pdnt)	above patition and that	Signature	0	100	owledge and	bellef.				Date
rent Garren		Brent	Ear	ren/99		y Gen	eral Cou	insel		3/4/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the Information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

ARNOLD SHEP COHEN, ESQ.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THI	S SPACE
Case No. 22-RC-257627	3 9 2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: 565 RIDGE ROAD, LLC d/b/a Waterview Center 536 Ridge Rd, Cedar Grove, NJ 07009 Service & Maintenance 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: Lisa Kranis, Regional Director 536 Ridge Rd, Cedar Grove, NJ 07009 3f. E-Mail Address 3c. Tel. No. 3d. Cell No. 3e. Fax No. (973) 239-9300 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b, Principal Product or Service Cedar Grove, New Jersey Health Care Health Care 6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: Full-time and regular part-time and per diem recreation assistants. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes All supervisors under the Act, and all other employees. Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8f. E-Mail Address 8d. Cell No. Be. Fax No. 8c. Tel. No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) EMPLOYER NEVER RESPONDED 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d Cell No. 10b. Address 10c. Tel. No. 10a. Name 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c Flection Time(s): 565 RIDGE ROAD, LLC d/b/a Waterview Center Servi 10:00-11:00 A.M. 3/20/2020 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 9-25 ALLING STREET, 3RD FLOOR DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO 12c, Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): **AFSCME** 12f, Fax No. 12g. E-Mail Address 12e. Cell No. 12d Tel No. (973) 622-0801 (973) 624-1199 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: 60 Park Place, 6th Floor, Newark, NJ 07102 Arnold Shep Cohen, Attorney 13f, E-Mail Address 13e. Fax No. 13d. Cell No. 13c. Tel. No. asc@oxfeldcohen.com (973) 802-1055 (973) 642-0161 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Name (Print) ATTORNEY 3/6/2020

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS	SPACE	
22-RC-257724	Date Filed	Soor

	RC PET	ITION		22-RC	- 25	7724	10	0/10	202
the employer and all other	Filed using the Agency's web ated. The petition must be ac parties named in the petition .RB 4812). The showing of in	companied by both a of: (1) the petition: (showing of interes Statement of Posi	al of this Petition to t (see 6b below) an tion form (Form NL	an NLRB d a certific RB-505): a	office in the Re ate of service s	gion in showing	which the	e on atlon
bargaining by Petitioner as	TION: RC-CERTIFICATION Of nd Petitioner desires to be certifial al Labor Relations Board pro-	fied as representative	of the employees. The	Petitioner alleges	that the fo	llowing circum	stances	collective exist an	d
2a. Name of Employer: Planned Lifestyle Se related to Planned Co		40 Washing	of Establishment(s) i gton Street e, NJ 07017	nvolved (Street and	number, Cil	y, State, ZIP cod	de):		
3a. Employer Representativ Robert Francis, Presi		3b. Address (if s 150 Smith Parsippany		me):		-1			
3c. Tel. No. 973-739-0080	3d. Cell No.	3e. Fax	No.	3f. E-Mail A rfranci		nedcompan	ies.co	m	
4a. Type of Establishment (Fa Residential Building			cipal Product or Serv ling Services		5a. City a	nd State where to Drange, NJ	unit is lo		
Excluded:	ılar part-time Front D				6b. Do a s	er of Employees	per (30%		
Check One: 7a. Request on or about (office employees, sup for recognition as Bargaining R Date) r is currently recognized as Bar	Representative was ma (If no reply received,	ide on (Date) so state).	and	repres	employees in the ented by the Pe declined recogn	titioner?		□ No
8a. Name of Recognized or C	Certified Bargaining Agent (If	none, so state) 8b.	Address:						
8c. Tel. No.	8d. Cell No.	8e. Fax	No.	8f. E-Mail A	ddress				
8g. Affiliation, if any:	_	Bh. Date of	Recognition or Certif	Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)					
(Name of Labor Organization 10. Organizations or individual individuals known to have a	eling at the Employer's establish n) s other than Petitioner and thos representative interest in any	e named in items 8 an	d 9, which have claim	ed recognition as re	the Employ	er since (Month,	Day, Ye		
None 10a, Name	10b. Addres	s		10c. Tel. No		10d. Cell No.			
	100./100/00								
				10e. Fax No	ŧ	10f. E-Mail Add	iress		
	RB conducts and election in this		sition with respect to			Mail [Mixec	d Manual	'Mail
11b. Election Date(s): 3/20/2020	7:30-8	17ime(s): 1:30 am and 2:30	0-3:30 pm	Porter's l): m and/or st	torage	room	
12a. Full Name of Petitioner (SEIU 32BJ	including local name and numb	er):	12b. Address (stre 494 Broad St Newark, NJ	The state of the s	State and 2	IP code):			•
Service Employees In	ernational labor organization o iternational Union	f which Petitioner is an	affiliate or constituer	it (if none, so state):					
973-827-3225	12e. Cell No.	, 12f. Fax 862-	No. 236-3605	12g, E-Mail	Address				
3a. Name and Title: Brent Garren Deputy General Counsel	tioner who will accept servic	13b. Add 25 We	rposes of the repres fress (street and num st 18th Street, 5t ork, NY 10011	ber, city, State and 2					
3c. Tel. No. 212-388-3943	13d, Cell No. 917-208-4287	13e. Fax 212-	No. 388-2062	13f. E-Mail A bgarren	ddress @seiu32	2bj.org			
	bove petition and that the st	77	the best of my know	vledge and belief.				Deta	
Name (Print) Brent Garren	Signa	ent a	1	Deputy Gen	eral Cou	insel	-4	Date 03/09/	20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2005). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-257765	March 10, 2020				

		RC PETITION			22-RC-2	57765		March 10, 2020
INSTRUCTIONS: Unless e- employer concerned is loc the employer and all other Case Procedures (Form No	parties named in th	oust be accompa	nied by both a si the polition: (2) 3	rowing of Interest (of this Petition see 6b below)	to an NLRB o	te of service st	gion in which the howing service on
PURPOSE OF THIS PETI bargaining by Petitioner a requests that the Nation	ITION: RC-CERTIFIC	ATION OF REPR	ESENTATIVE - A	substantial number	of employees v	vish to be repro	sented for purpo	oses of collective
2a. Name of Employer:	on Companie	2		Establishment(s) in	rolved (Street a	nd number, City	, Stato, ZIP coo	(a):
Cort Business Service	es Corporation		601 West Si North Berger					
3a. Employer Representativ Dominic Sardilli	e - Name and Title:	3	-	ne as 2b - slate sam	8):		-	
3c. Tel. No. (201) 293-0511	3d. Cell No.		3e, Fax N	o. 48-7428		all Address	i@cort.con	
4a, Type of Establishment (F. furniture delivery	actory, mine, wholes	aler, etc.)	4b, Princip	pal Product or Service re rental	the second secon	5a. City a	nd State where	
5b. Description of Unit Involuted: All full-time drivers, Excluded:	helpers, ware		d refinishers			6a. Numb 48	er of Employees	per (30% or more)
All office clerical en Check One: 7 7a. Reques on or about 7b. Petitlon 8a. Name of Recognized or None	t for recognition as B (Date) er is currently recogn	argaining Represe (If no	entative was made reply received, so g Representative	on (Dale) state).	none	end Employer	employees in the ented by the Pe declined recogn	e unit wish to be lilloner? *Yes No lillon
8c, Tel. No.	les Calina		les Feval		Tor F as	-II Addis-s		
oc. rei. No.	8d. Cell No.		8e, Fax N	0.	81. E-M	ail Address		
8g. Alfiliation, if any:			8h. Date of F	ecognition or Certifi			urrent or Most (Month, Day, Y	rear)
Is there now a strike or pic (Name of Labor Organization)	on)				, has pick	eted the Emplo	es are participat yer since (Month	n, Doy, Yoar)
 Organizations or individual individuals known to have None 							ves and other or	genizations and
10a. Name		10b. Address			10c. Te	l. No.	10d. Cell No.	
none					10e. Fc	ix No.	101. E-Mail Ad	ddress
11. Election Dotails: If the N		lection in this mat	er, state your pos	ition with respect to	any such electi	n: 11a. Electi	and the first terms of the second	Mixed Manual/Mail
11b. Election Date(s): March 27, 2020		11c. Election Time 7:00 am to 8		00 pm to 5:30		ection Location	(s):	West Side Avenue
12a. Full Name of Politions International Brothe	r (including local nar rhood of Team	ne and number): isters Local 8	114	126. Address (str. 195 Montag Brooklyn, N	ue Street, #		ZIP code):	38.
12c. Full name of national or International Brothe				atfiliate or constitue	nt (il none, so s	tate):		
12d, Tel, No. (718) 609-6409	12e, Cell N	о.	12f. Fax 1	No.	12g. E	Mail Address		
13. Representative of the P 13a. Name and Title: Joseph J. Vitale, Cour		ccapt sorvice of a	13b. Add	ress (street and nun	ber, city, State	and ZIP code):	., Ste. 2100,	NY, NY 10022
13c. Tel. No. (212) 356-0238	13d, Gell N			473-8238	jvita	Mail Address le@cwsny.	com	
I declare that I have read to Name (Print)	ne above petition as	od that the statem			Wlodge and be	lief.		Date
Joseph J. Vitale		J' rac	ph Q. Ni	tel/kms	Counse		2	3/10/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Lebor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the Information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 22-RC-258529

DO NOT WRITE IN THIS SPACE

Date Filed 3/27/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION, RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. Address(es) of Establishment(s) involved (Street and number. City, State, ZIP code). 2a. Name of Employer Planned Lifestyle Services, part of and 44 S. Munn Avenue Affiliated with Planned Companies East Orange, NJ 07018 Ja. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same) 150 Smith Road Robert Francis, President Parsippany, NJ 07050 3c. Tel. No. 973-739-0080 3d Cell No 3e Fax No. rfrancis@plannedcompanies.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Residential Building janitorial East Orange, NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit 6 All full-time and regular part-time concierge/front desk Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?

Yes No All other employees, office employees, supervisors, and guards as described in the Act. Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address. N/A Bc. Tel. No. 8d. Cell No. 8e. Fax No. 8f, E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10, Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10c Tel No 10d. Cell No. 10b. Address 10a. Name 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election. | 11a. Election Type Manual Mail Mixed Manual/Mail 1c Election Time(s) 11d Election Location(s): 11b Election Date(s) Ballots go out April 6 N/A N/A 12b. Address (street and number, city, State and ZIP code) 12a. Full Name of Petitioner (including local name and number) 494 Broad Street, 3rd Fl. SEIU 32BJ Newark, NJ 07102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): Service Employees International Union 12f Fax No. 12g. E-Mail Address 12d Tel. No. 12e. Cell No. 862-236-3605 973-827-3225 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a, Name and Title: Brent Garren 25 West 18th Street, 5th Floor New York, NY 10011 Deputy General Counsel 13f. E-Mail Address 13c Tel. No. 13d Cell No. 13e. Fax No. 212-388-3943 212-388-2062 bgarren@seiu32bj.org 917-208-4287 declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature 03/27/20 Brent Garren Deputy General Counsel

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE 22-RC-258533

Date 3/30/2020

se Procedures (Form NLRB 4812	armed in the petition of: (). The showing of interes	11 the matition (a) con	bmit an original of this ring of interest (see 6) tement of Position for with the NLRB and sh	D Delow) and	a certificate of	service shi	owing service on
PURPOSE OF THIS PETITION RE bargaining by Petitioner and Petition requests that the National Labor	ner desires to be certified a	PRESENTATIVE - A su	bstantial number of em	ployees wish I	to be represented	d for purpor	ses of collective
			tablishment(s) involved	(Street and or	umber City State	telations A	ict.
anned Building ervices	Planned Lifestyle	20 West Palisa	de Avenue	(Street and no	umber, City, Stati	e. ZIP Code	9)
ervices, Affiliated w/ Plan		Englewood, N.					
Employer Representative - Nam	e and Title.	3b Address (if same	as 2h - state same i				
obert Francis, President		150 mith Roa	d				
		Parsippany, N.	07050				
Td. No.	3d. Cell No	3e Fax No.		3f E-Mad A	riden ee		
973-739-0080					@plannedc	ompani	es.com
Type of Establishment (Factory,	mine, wholesaler, etc.)	4b Principa	Product or Service		5a. City and Sta	4.76	
Residential Building		Concier	ge and janitorial	1	Englewoo		
b. Description of Unit Involved: notuded:					6a. Number of 6		in Unit
	nost time Canas Da	1.1C D					
All full-time and regular	part-time Front Des	sk/Concierge/Por	ters/Matrons/Ma	intenance			
Excluded:	in the second second						er (30% or more)
All other employees, offi	ce employees, supe	ervisors, and guar	ds as described i	n the Act.	of the emplo	b the Pet	e unit wish to be itioner? × Yes
Check One 7a. Request for re	ecognition as Bargaining Re	presentative was made	on (Date)	an	d Employer decli		
on or about (Date	urrently recognized as Barg	(If no reply received, so s		under the Act			
8a. Name of Recognized or Certif	fied Barnaining Agent (# c	none on state! Sh Ad	drace	under the Act.			
N/A							
8c. Tel. No.	8d. Cell No.	8e, Fax No),	8f. E-Mail A	Address		
A Section of the Control							
Ra Affiliation if any		Oh Date of D	annual tion or Cartification	a D. Eustaki	on Date of Comes	I as I foot	
8g Affiliation, if any		8h, Date of R	ecognition or Certification		on Date of Curren		ear)
	ant the Santon de actablica			Recent Co	ntract, if any (Mor	nth, Day, Ye	
9. Is there now a sinke or picketin	g at the Employer's establis			Recent Commander of the	ntract, if any (Mor	participati	ng?
9.1s there now a sinke or picketin (Name of Labor Organization)		hment(s) involved?	¥-so, approxe	Recent Commander of the	ntract, if any (Mon ny employees are d the Employer si	participate nce (Month	ng? , Day, Year)
9. Is there now a sinke or picketin	ther than Petitioner and tho	hment(s) involved? N	#-so, approxe	Recent Commander of the command of t	ntract, if any (Mor ny employees are d the Employer su representatives ar	participate nce (Month	ng? , Day, Year)
9.1s there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals o individuals known to have a re	ther than Petitioner and tho	se named in items 8 and employees in the unit d	#-so, approxe	Recent Commander of the command of t	ntract, if any (Mor ny employees are d the Employer su (tip misentatives ar state)	participate nce (Month	ng? , Day, Year)
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None	other than Petitioner and tho epresentative interest in any	se named in items 8 and employees in the unit d	#-so, approxe	Recent Commately how man has picketed recognition as if ye. (If none, so	ntract, if any (Mor ny employees are d the Employer su (tip misentatives ar state)	nth, Day, Yo participate nce (Month	ng? , Day, Year)
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None	other than Petitioner and tho epresentative interest in any	se named in items 8 and employees in the unit d	#-so, approxe	Recent Commately how man has picketed recognition as if ye. (If none, so	ntract, frany (Mor ny employees are d the Employer si (epresentatives ar state)	nth, Day, Yo participate nce (Month	ng? , Day, Year) ganizations and
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name	other-than-Petitioner and tho epresentative interest in any 10b. Addres	hment(s) involved? N se named in items 8 and employees in the unit d	#-so, approxe 9, which have claimed in item 5b above	Recent Coi mately how mai has picketer recognition is i rec. (if none, so	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state)	nth, Day, Ye participatu nce (Month nd other org d. Cell No.	ng? , Day, Year) ganizations and
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None	other-than-Petitioner and tho epresentative interest in any 10b. Addres	hment(s) involved? N se named in items 8 and employees in the unit d	#-so, approxe 9, which have claimed in item 5b above	Recent Coi mately how mai has picketer recognition is i rec. (if none, so	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state)	nth, Day, Ye participaturnce (Month and other org d. Cell No.	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR	ther than Petitioner and tho epresentative interest in any 10b. Addres 8 conducts and election in 8	hment(s) involved? Se named in items 8 and employees in the unit d	#-so, approxe 9, which have claimed in item 5b above	Recent Commately how man has picketed recognition as a re	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state)	nth, Day, Ye participatu nce (Month nd other occ d. Cell No.	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR	ther than Petitioner and those presentative interest in any 10b. Address 8 conducts and electron in fi	hment(s) involved? N se named in items 8 and employees in the unit d	#-so, approxe 9, which have claimed in item 5b above	Recent Comately how man has picketed tecognition as a recent from the first technique (if none, so in the first has been been been been been been been bee	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state)	nth, Day, Ye participaturnce (Month and other org d. Cell No.	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6	ther than Petitioner and tho epresentative interest in any 10b. Address 8 conducts and electron in the N/A	se named in items 8 and employees in the unit diss	# so, approxe 9, which have claimed in second in item 5b above silvon with respect to any	Recent Comately how man has picketed tecognition as a recent of the command of th	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state) 10c 11a. Electron Ty Manual Inon Locaton(s):	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals o individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (e)	ther than Petitioner and tho epresentative interest in any 10b. Address 8 conducts and electron in the N/A	se named in items 8 and employees in the unit diss	9, which have claimed is escribed in item 5b above sithon with respect to any	Recent Commately how man has picketed recognition as in the life i	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state) 10c 11a. Electron Ty Manual Inon Locaton(s):	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6	ther than Petitioner and tho epresentative interest in any 10b. Address 8 conducts and electron in the N/A	se named in items 8 and employees in the unit diss	9, which have claimed is escribed in item 5b above sihon with respect to any 12b. Address (street 494 Broad Street	Recent Commately how man has picketed recognition as the (if none, so the commately how man has been had been h	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state) 10c 11a. Electron Ty Manual Inon Locaton(s):	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals of individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (e) SEIU 32BJ	B. conducts and electron in the N/A including local name and nut	se named in items 8 and employees in the unit diss	substantial street to any 12b. Address (street 494 Broad Street Newark, NJ 07	Recent Commately how man has picketed recognition as a recent of the first of the f	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state) 100 110 111a. Election Ty Manual ion Location(s):	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (see SEIU 32BJ) 12c. Full name of national or initial see or picketin picketin.	8 conducts and electron in the N/A including local name and nuternational labor organization	se named in items 8 and employees in the unit diss	substantial street to any 12b. Address (street 494 Broad Street Newark, NJ 07	Recent Commately how man has picketed recognition as a recent of the first of the f	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state) 100 110 111a. Election Ty Manual ion Location(s):	nth, Day, Yo	ng? , Day, Year) ganizations and
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals of individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (e) SEIU 32BJ	B. conducts and electron in the lectron in the lect	thment(s) involved? Se named in items 8 and employees in the unit d employees.	shoo with respect to any 12b. Address (street 494 Broad Stree Newark, NJ 07	Recent Commately how man has picketed recognition as in the life i	ntract, if any (Mor ny employees are d the Employer si tepnes entatives ar state) 100 100 111a. Electron Ty Manual ion Location(s): ty, State and ZIP	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 19a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (c) SEIU 32BJ 12c. Full name of national or in Service Employees In	8 conducts and electron in the N/A including local name and nuternational labor organization	se named in items 8 and employees in the unit d ss. ss. matter, state your poor. Time(s), mber):	subson with respect to any 12b. Address (street. 494 Broad Street. Newark, NJ 07	Recent Commately how man has picketed recognition as in the life i	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state) 100 110 111a. Election Ty Manual ion Location(s):	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (in SEIU 32BJ) 12c. Full name of national or in Service Employees It 12d. Tel. No. 973-827-3225	B. conducts and electron in any 10b. Address 11c. Electronic N/A including local name and number	se named in items 8 and employees in the unit d ss. ss. matter, state your poor Time(s). not which Pethoner is a 862-	shoo with respect to any 12b. Address (street. 494 Broad Street. Newark, NJ 07	Recent Commately how man has picketed recognition as in the life form of t	ntract, if any (Mor ny employees are d the Employer si (tepresentatives ar state) 100 100 11a. Electron Ty Manual ion Location(s): fly, State and ZIP	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (c) SEIU 32BJ 12c. Full name of national or into Service Employees Into 12d. Tel. No. 973-827-3225 13. Representative of the Petition of the	B. conducts and electron in any 10b. Address 11c. Electronic N/A including local name and number	se named in items 8 and employees in the unit d employ	subon with respect to any 12b. Address (street. 494 Broad Street. Newark, NJ 07 a affiliate or constituent. 236-3605	Recent Commately how man has picketed recognition as a recent of the first of the f	ntract, if any (Mor ny employees are of the Employer si tepresentatives ar state) 10c 11a. Election Ty Manual ion Location(s): fy, State and ZIP al Address	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR 1.1b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (c) SEIU 32BJ 12c. Full name of national or interest of the New York Page 12d. Tel. No. 973-827-3225 13. Representative of the Petition of t	B. conducts and electron in any 10b. Address 11c. Electronic N/A including local name and number	se named in items 8 and employees in the unit d employ	12b. Address (street 494 Broad Street Newark, NJ 07 affiliate or constituent (No. 236-3605 aurposes of the represe dress (street and number 1998).	Recent Commately how man has picketed recognition as a re	ntract, if any (Mor ny employees are of the Employer si tepresentatives ar state) 10c 11a. Election Ty Manual ion Location(s): fy, State and ZIP al Address	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals of individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (c) SEIU 32BJ 12c. Full name of national or interpretable of the Petitian Representative of the Petitian Name and Title Brent Garren	B. conducts and electron in the lectron in the lect	se named in items 8 and employees in the unit d employ	subon with respect to any 12b. Address (street. 494 Broad Street. Newark, NJ 07 a affiliate or constituent. 236-3605	Recent Commately how man has picketed recognition as a re	ntract, if any (Mor ny employees are of the Employer si tepresentatives ar state) 10c 11a. Election Ty Manual ion Location(s): fy, State and ZIP al Address	nth, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals or individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (c) SEIU 32BJ 12c. Full name of national or interpretation of the Petitian Representative of the Petitian Name and Title Brent Garren Deputy General Counse	B. conducts and electron in the lectron in the lect	se named in items 8 and employees in the unit d employ	12b. Address (street. 494 Broad Street. Newark, NJ 07 affiliate or constituent (streets (street and numbers) 18th Street, Sth. York, NY 10011	Recent Commately how man has picketed recognition as a re	ntract, if any (Morny employees are dithe Employees are dithe Employer suitepossentatives ar state) 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	ith, Day, Yo	ng? , Day, Year) ganizations and dress
9. Is there now a sinke or picketin (Name of Labor Organization) 10. Organizations or individuals of individuals known to have a re None 10a. Name 11. Election Details: If the NLR 11b. Election Date(s). Ballots go out April 6 12a. Full Name of Petitioner (c) SEIU 32BJ 12c. Full name of national or interpretable of the Petitian Representative of the Petitian Name and Title Brent Garren	B. conducts and electron in the lectron in the lect	se named in items 8. and employees in the unit d employees in the unit d employees in the unit d ss. his matter, state your por on Time(s), mber): 121. Fax 862- 122. Fax 862- 135. Ad 25 W. C. W. 13e. Fax 13e. Fax 13e. Fax 13e.	12b. Address (street. 494 Broad Street. Newark, NJ 07 affiliate or constituent (streets (street and numbers) 18th Street, Sth. York, NY 10011	Recent Commately how man has picketed recognition as a re	ntract, if any (Morny employees are did the Employers at the Employers at the Employers at state) 10. 100 11a. Electron Ty Manual Incomplication (S): 10y, State and ZIP: 10y	ith, Day, Yo	ng? , Day, Year) ganizations and dress

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18. SECTION 1001)

Soliofation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRA), in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, faiture to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
25-RC-257451	3/4/20				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Irving Materials, INC. 4300 Sun Air Dr. Muncie, IN. 47303 3a. Employer Representative - Name and Title: 8032 N. State Rd. 9 Greenfield, IN 46140 Resources Michael Vasquez 3d. Cell No. Michael Vasquezeir VMat. com 317-326-2016 317-326-3101 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Ready-Mix Muncie, IN Construction Included: All full time and regular part time drivers employed at the Employers auxiliary Muncie, IN facility. 6a. Number of Employees in Unit: Excluded: All Office Clerical, professional employees, guards and Supervisors as defined in the Act and all mechanics. 6b, Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) 2-25-2020 and Employer declined recognition on or about (Date) 2-28-2020 (If no reply received, so state).

The Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) Is there now a strike or picketing at the Employer's establishment(s) involved?No. If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address None 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): The Employers Muccie Aux. Location 7:00 to 7:30 Am March 20, 2020 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): 1233 Shelby St. INOPIS. IN 46203 learnsters Local Union No. 135 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): The International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12g. E-Mail Address 317-639-3541 317-639-3581 droach@Local 135.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Dustin Roach - Organizer Shelby St. Indpls. IN 1233 13f, E-Mail Address 13c. Tel. No. 13e. Fax No. 317-490-5005 Droach O Local 135. Com 317-639-3541 317-639-3581 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief Date Signature Name (Print) 3-3-2020 ustin oach

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	27-RC-257267	Date Filed 3/2/2020				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Denver International Airport / 8500 Peña Blvd / Denver, CO 80249 HMS Host, Inc. 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title Ronald Cool, Director of Operations HMS Host Denver 6905 Rockledge Dr., Bethesda, MD 20817 Darryl L. Franklin. Associate General Counsel.

3d. Cell No. 3c. Tel. No. ronald.cool@hmshost.com: Darryl.franklin@hmshost.com 240-274-4304 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Concessionaire Food & Beverage Denver, CO 6a. No. of Employees in Unit: 5b. Description of Unit Involved Abt. 245 Included: SEE ATTACHMENT A 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 2/21/2020 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address N/A N/A 8f. E-Mail Address 8d Cell No. Be. Fax No. 8c. Tel No. N/A N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b Flection Date(s): As Soon As Possible TBD Denver Airport 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 12015 East 46th Ave. Suite 415, Denver, CO 80239 UNITE HERE Local 23 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UNITE HERE International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (603) 801-9768 sgeaney-moore@unitehere.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Kristin Martin, Attorney 13b. Address (street and number, city, state, and ZIP code) McCracken, Stemerman & Holsberry, LLP / 595 Market Street, Suite 800 / San Francisco, CA 94105 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. 415-597-7200 415-597-7201 klm@msh.law I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Kristin L. Martin Attorney 2/28/2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT

NATIONAL LABOR RELATIONS BOARD RC PETITION

	DO NOT WRITE IN THIS SPAC
Case No.	Date Filed

27-RC-257404

3/4/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1, PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Idaho Statesman 1200 North Curtis Road, Boise, Idaho, 83706 3a. Employer Representative - Name and Title 3b. Address (if same as 2b - state same) Rusty Dodge, Publisher Same 3f. E-Mail Address 3d. Cell No. 3e. Fax No. (208) 377-6301 (208) 377-6224 rdodge@mcclatchy.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Printing & Publishing Newspaper & Community Reporting Boise, Idaho 5b. Description of Unit Involved 6a. No. of Employees in Unit: 160 Included: All newsroom employees 6b. Do a substantial number (30% or more) of the employees in the Office, Clerical, Guards, 2(11) Supervisors, Confidential & Managerial Employees Petitioner? Yes V No Request for recognition as Bargaining Representative was made on (Date) 3/02/2020 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). None 8c. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c, Tel. No. 10d. Cell No. 10a. Name 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 1:00-3:00PM Idaho Statesman 12b. Address (street and number, city, state, and ZIP code) 2800 First Avenue, Room 312, Seattle, WA, 98121 12a. Full Name of Petitioner (including local name and number) The News Guild-Communications Workers of America Local 37082 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) The News Guild-Communications Workers of America, AFL-CIO 12g. E-Mail Address 12d. Tel No. 12e Cell No. 12f. Fax No. (206) 328-1190 guild37082@gmail.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title William R. Reinken, Attorney 13b. Address (street and number, city, state, and ZIP code) 8085 East Prentice Avenue, Greenwood Village, CO 80111 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address (303) 721-7399 wreinken@cwa-union.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature Name (Print) Title Date William R. Reinken Attorney 3-3-2020

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	27-RC-257463	Date Filed	3/4/2020			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate

of service showing service on (Form NLRB-505); and (3) Des with the NLRB and should no	cription of Repres t be served on the	entation Case employer or a	Procedur	res (Form NL party.	RB 4812). The s	howing of in	terest should only be filed	
PURPOSE OF THIS PETITION: R bargaining by Pelitioner and Petitic requests that the National Labor	oner desires to be certif	ied as representa	tive of the er	mployees. The	Petitioner alleges ti	hat the following	g circumstances exist and	
2a. Name of Employer		2b. A	Address(es)	of Establishmen	it(s) involved (Street	and number, city	, State, ZIP code)	
Triple Canopy, Inc. 3a. Employer Representative – Nan	o and Title	7175			nue, Suite 1700, s 2b - state same)	Lakewood,	CO 80235	
Richard Eaton, Director of La			The second of the second		Suite 136 Sacra	mento, CA	95827	
3c. Tel. No.	3d. Cell No.		3e. Fax			3f. E-Mail Add		
703-673-4219	424-298-028	80	L. Lie			Richard.Ea	ton@constellis.com	
4a. Type of Establishment (Factory, a Security Service Provider	nine, wholesaler, etc.)	4th Principal pr Security Ser		vice		5a, City Denve	and State where unit is located: r, CO	
5b. Description of Unit Involved				/ S 7 . E 2 . E	An I have been	274. 92	6a. No. of Employees in Unit:	
Included: All full-time and regular p Englewood, Golden, Gre Excluded: All office clerical employees, project manager, project manager.	enwood Village, Lakew professional employees,	ood, Fort Collins, managers, non-secu	Louisville, G urity personne	reeley and Boul	der (existing bargaln) geants, lieutenants, cap	ng unit)	212 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petilioner? Yes No	
No. r.	eply (Date) ar is currently recognize	(If no reply received as Bargaining I	red, so state, Representat). Ive and desires		. 5.56	lined recognition on or about	
8a. Name of Recognized or Certifie United Government Security Officer				8b. Address 2879 Cranberr	ry Hwy, East Wareh	am, MA 02538		
8c. Tel No. (774) 678-0936			8e. Fax			8f. E-Mail Add dsullivan@ug		
8g. Affiliation, if any		- C - C-1	North Control of Contr				I. Expiration Date of Current or Most Recent	
United Government Sec	curity Officers	of America	Unkno	own		May 31, 2020	y (Month, Day, Year)	
Is there now a strike or picketing at (Name of labor organization)	the Employer's establish				dimately how many el Month, Day, Year)	mployees are pa	articipating?	
Organizations or individuals other known to have a representative intere None						oresentatives an	d other organizations and individuals	
10a. Name	10b. Ad	dress			10c. Tel. No.		10d, Cell No.	
					10e. Fax No.		10f. E-Mall Address	
11. Election Details: If the NLRB co any such election.	nducts an election in th	is matter, state yo	our position v	with respect to	11a. Election Type	: Manual	Mall / Mixed Manual/Mall	
11b. Election Date(s): 11c. Election Time(s): 3/20/2020 9:00AM-11:00AM; 3:00PM-500PM					11d. Election Location(s): Region 27 NLRB Office			
12a. Full Name of Petitioner (including local name and number) Security Officers Association of America				12b. Address (street and number, city, state, and ZIP code) 7700 East Academy Boulevard, No. 803, Denver, CQ 80230				
12c. Full name of national or international None	onal labor organization	of which Petitions	er is an affilia	ale or constituen	nt (if none, so state)			
12d. Tel No. (720) 331-3951			12f. Fax No. 12g. E-Mall Address (b) (6), (b) (7)(C)					
13. Representative of the Patitione	who will accept serv	ice of all papers	for purpose	es of the repres	sentation proceeding			
13a. Name and Title William F	R. Reinken, A	Attorney			d number, city, state, reenwood Village, CO 80			
13c, Tel No. (303) 721-7399	13d. Cell No.		13e. Fa:	x No.		13f. E-Mail Ad will@rosenbla		
I declare that I have read the above	petition and that the	statements are t	rue to the b	est of my know	vledge and belief.			
Name (Print) William R Reinken	Signature	-/ -	Title: Attorney			Date 3/04/2020		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT W	DO NOT WRITE IN THIS SPACE	
Case No. 27-RC-257949	Date Filed 3/12/2020	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1045 South 1st Street CO Bennett 80102-King Soopers 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 65 Tejon Street CO Denver 80223 Nicole Bergin 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Nicole.bergin@kingsoopers.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Retail (Grocery) Grocery Store Bennett, CO 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 03/12/2020 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 31, 2020 N/A - Mail ONLY N/A - Mail ONLY 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Randy Tiffey United Food and Commercial Workers International Union, Local 7 7760 West 38th Avenue 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
United Food and Commercial Workers International Union, AFL-CIO 12e. Cell No. 12g. E-Mail Address rktiffev@ufcw7.com 12d. Tel No. 12f. Fax No. (303) 425-0897 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Mathew Shechter McNamara & Shechter LLP 1888 Sherman Street Ste 370 Denver 80203-13c Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address mss@18thavelaw.com (303) 333-8700 (303) 521-7010 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Organizing Director Randy K Tiffey 03/12/2020 13:45:13 Randy Tiffey

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE	OO NOT WRITE IN THIS SPACE	
	Date Filed	
77-RC-257949	3/12/2020	

Employees Included

All full-time and part-time pharmacy technicians, who work one (1) day or more per week, employed in the Bennett, Colorado store owned or operated by the Employer, in a self-determination election to join an existing unit of all employees actively engaged in the handling and selling of merchandise, including part-time workers who work regularly one (1) day or more a week, employed by the Employer in the grocery store or stores owned or operated by the Employer within the metropolitan area of Denver, Colorado

Case

Employees Excluded

All other employees in the Bennett, Colorado store, as well as guards, watchmen, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RC PETITION

DO NOT WE	RITE IN THIS SPACE
Case No. 28-RC-257369	Date Filed March 3, 2020

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective pargaining by Petitioner and Patitioner desires to be certified as representative of the employees. The Patitioner alleges that the following circumstances exist and squests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) MV TRANSPORTATION 5081 FRED WILSON EL PASO TX 79906 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title RAFAEL FERNANDEZ SAME AS 2B 3e. Fax No. 3f. E-Mail Address 3d. Cell No. Rafael.fernandez@mvtransit.com 915-564-5699 561-633-3776 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service **EL PASO TEXAS** Transportation-shuttle transportation-lift 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: MECHANICS-TECHNICIANS 6b. Do a substantial number (30% or more) of the employees in the Excluded: ADMINISTRATION - MANAGERS- SUPERVISORS-DISPATCHERS unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE NONE 8c. Tel No. 8f. E-Mail Address 8d Cell No. Be. Fax No. NONE NONE NONE 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year, NONE NONE NONE If so, approximately how many employees are participating? NONE 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) NONE (Name of labor organization) NONE 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to n to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d Cell No. 10h Address 10a Name 10f. E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b Election Date(s) **BREAK ROOM** 9AM- 10AM APRIL 6, 2020 12b. Address (street and number, city, state, and ZIP code) 6944 COMMERCE EL PASO TX 79915 12a. Full Name of Petitioner (including local name and number)
TEAMSTERS LOCAL 745 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL BROTHERHOOD OF TEAMSTERS 12d. Tel No. 12g. E-Mail Address 12e Cell No. 12f. Fax No. 915-772-7437 915-929-7998 915-771-0045 VJAMES745TX@GMAIL.COM 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13b. Address (street and number, city, state, and ZIP code) 6944 COMMERCE EL PASO TEXAS 79915 13a. Name and Title VICTOR JAMES BUSINESS 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 13d. Cell No. VJAMES745TX@GMAIL.COM 915-772-7437 915-929-7998 915-771-0045 I declare that I have read the above petition and that the statements are true to the best of my knowledge and bellef. Name (Print) Signatur Date **BUSINESS AGENT-ORGANIZER** MARCH 3, 2020 VICTOR JAMES

WILLFUL FALSE STATEMENTS OF THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 28-RC-257762

DO NOT WRITE IN THIS SPACE

Date Filed March 9, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

Case Procedures (Form NLI									
PURPOSE OF THIS PETIT bargaining by Petitioner and requests that the National	d Petitioner desire	s to be certified as	s representa	tive of the employees.	The Petition	ner alleges	that the foll	lowing circumstance	
2a. Name of Employer:			2b. Address	(es) of Establishment	(s) involved	(Street and	number, City	, State, ZIP code):	
Taylor Farms			4375 E.	Gila Ridge Road,	Yuma, A	Z 85365			
3a. Employer Representative	- Name and Title	6	3b. Address	s (if same as 2b - state	same):				
Marcus Shebl			Same						
3c. Tel. No.	3d. Cell No	0.	3e	Fax No.		3f. E-Mail A	Address		
(831) 751-3081	(831) 2	40-2167				mshebl	ataylorf	arms.com	
4a. Type of Establishment (Fac	ctory, mine, whole	saler, etc.)	4b	Principal Product or	Service		5a. City ar	nd State where unit is	located:
Food Processing Faci	ility		P	roduct Transpor	rtation		Yuma, A	rizona	
5b. Description of Unit Involven	ved:						6a. Numbe	er of Employees in U	nit:
All full time and regu	ılar part time	drivers.					10		
Excluded:	suponicore	and quards a	a dafina	I by the Act			of the	substantial number (3 employees in the unit	wish to be
All other employees, Check One: 72 7a. Request					3/2/20)		ented by the Petitions declined recognition	er? × Yes No
on or about (ved, so state).	3/2/20	an an	u employer	decimed recognition	
and the second s				ntative and desires ce	rtification und	der the Act.			
8a. Name of Recognized or C	Certified Bargain	ing Agent (If none	e, so state)	8b. Address:					
None									
8c. Tel. No.	8d. Cell No	0.	8e	Fax No.		8f, E-Mail A	Address		
8g. Affiliation, if any;			8h. D	ate of Recognition or (Certification			urrent or Most (Month, Day, Year)	
Is there now a strike or picket (Name of Labor Organization Organizations or individual individuals known to have	n) s other than Petiti	oner and those na	med in item	s 8 and 9, which have	claimed reco	has picketed	the Employ	es are participating? ver since (Month, Day es and other organiz	
10a. Name		10b. Address				10c. Tel. N	0.	10d. Cell No.	
						10e. Fax N	o.	10f. E-Mail Address	
12 200									
11. Election Details: If the NL	RB conducts and	election in this ma	atter, state ye	our position with respe	ect to any suc	ch election:	11a. Electio		ixed Manual/Mail
11b. Election Date(s):		11c. Election Tim		T-3-77 (72-51			on Location(
ASAP		5:00-7:00 A	M 2:0	0-5:00 PM		Employ	er's facil	lity	
12a. Full Name of Petitioner	(including local na	me and number):		12b. Address	s (street and	number, city	, State and	ZIP code):	
Teamsters Local 890				207 Nort	h Sanbor	rn Road,	Salinas,	CA 93905	
12c. Full name of national or in	nternational labor	organization of wh	ich Petitione	r is an affiliate or cons	stituent (if no	ne, so state).t		
International Brother									
12d. Tel. No.	12e. Cell N		112	f, Fax No.		12g. E-Mai	Address		
(831) 424-5743	20.0311	000		331) 424-2091			rs@loca	1890.org	
13. Representative of the Per 13a. Name and Title:	titioner who will	accept service of	all papers			on proceed	ing.		
Robert Bonsall, Beeson	Tayer & Boo	dine		20 Capitol Mall,				95814	
13c. Tel. No.	13d. Cell f	No.	13	e. Fax No.		13f. E-Mail	Address		
(916) 325-2100	175 P. T. T. T. T.	25-4699	(6	16) 325-2120		rbonsal	l@beeso	ntayer.com	
I declare that I have read the					knowledge				
Name (Print)		Signature	1		Title	8			Date 2/0/20
Robert Bonsall		R	My		At	ttorney a	t Law		3/9/20

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRIT	E IN THIS SPACE
Case No. 28-RC-257781	Date Filed March 9, 2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7120 Wyoming Blvd, NE #20 NM Albuquerque 87109-New Mexico Gas Company 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 7120 Wyoming Blvd, NE #20 NM Albuquerdue 87109-Ryan Shell 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Ryan.Shell@nmgco.com (505) 697-3335 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Albuquerque, NM 5b. Description of Unit Involved 6a. No. of Employees in Unit: 290 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Mail Ballot Mail Ballot Mail Ballot 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Scott LeFevre United Association of Plumbers and Pipefitters Local 412 510 San Pedro Drive SE NM Albuquerque 87108-12c. Full name of national or international labor organization of which Petitioner is an affiliate or cons ituent (if none, so state)
United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO 12g. E-Mail Address swptor2@uanet.org 12d. Tel No. 12e. Cell No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Lance Geren Attorney O'Donoghue & O'Donoghue, LLP 325 Chestnut Street, Suite 600 PA Philadelphia 19106-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address Igeren@odonoghuelaw.com (215) 629-4970 (202) 805-6148 (215) 629-4996 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date Lance Geren Attorney 03/9/2020 18:44:30 Lance Geren

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE	IN THIS SPACE
Case	Date Filed

Employees Included

All full-time and regular part-time field operations employees, including Craftsmen, Crewmen, Senior Crewmen, Corrosion Techs, Senior Corrosion Techs, Foremen, Gas Systems Techs, Senior Gas Systems Techs, Leak Survey Techs, Linespotters, Senior Linespotters, Measurement Control Specialists, Measurement Control Techs, Senior Measurement Control Techs, Operations Construction Coordinators, Service Techs, Senior Service Techs, employed by the Employer.

Employees Excluded

All other employees, office clericals, guards and supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT	WRITE IN THIS SPACE	
Case No. 28-RC-257985	Date Filed 3/12/2020	

RC PETITION

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Kerberos International & Whitestone Group 615 S. 43rd Ave., Phoenix, AZ 85009 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Kerberos-Dawn Cole, President/Whitestone-Jeff LaRe, Vice President Kerberos-19 N. Main St., Ste 2711, Temple, TX 76501/Whitestone-6422 E Main St, Ste 100, Reynoldsburg, OH 43068 3d, Cell No. Kerberos-254-771-1080/Whitestone-614-269-1078 dcole@kerberosinc.com/jlare@whitestonegroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: SECURITY AGENCY SECURITY Phoenix, AZ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SPECURITY OFFICERS, GUARD, GUARD II AND ALARM MONITORS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR 6b. Do a substantial number (30% or more) of the employees in the RELATIONS ACT, EMPLOYED BY KERBEROS/WHITESTONE @ 615 S. 43RD AVE., PHOENIX, AZ 85009 unit wish to be represented by the Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT. Petitioner? Yes ✓ No Check One: Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). NO 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). NONE 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) __ If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. F-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): tbd Ceasar Chavez Library 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 25510 Kelly Road, Roseville, MI 48066 International Union, Security, Police and Fire Professionals of America (SPFPA) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA) 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 586-772-7250 X111 586-872-5634 586-772-9644 organize@spfpa.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Gordon Gregory, General Counsel 65 Cadillac Square, Suite 3727, Detroit, MI 48226 13d Cell No. 13e, Fax No. 13f. E-Mail Address 13c. Tel No. 313-964-2125 Gordon@UnionLaw.net 313-964-5600 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Dwayne Phillips Organizing Director 3/11/2020 lacen WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Name (Print)

Robert Cheverle

UNITED STATES GOVERNMENT
NATIONAL LABOR RELATIONS BOARD
RCPETITION

DO NOT WR	ITE IN THIS SPACE	
29-RC-257409	Date Filed 3/4/20	

3/3/2020

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) J. Pizzirusso Landscaping Corporation 2269 E. 69th Street, Brooklyn, NY 11234 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Joseph Pizzirusso, Vice President 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 718-531-6084 917-418-7301 718-531-6677 joseph@thejplcorp.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Tree planting Contracting Brooklyn, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All gardeners, growers, landscapers, landscape laborers transporters, tree pruners, tree removers, pipe 6b. Do a substantial number (30% installers & connectors, tree sprayers, turf installers, and groundsmen. or more) of the employees in the Excluded: All office clerical employees, professional employees, guards, and supervisors defined under the Act. unit wish to be represented by the Petitioner? Yes / No Request for recognition as Bargaining Representative was made on (Date) 3/3/2020 and Employer declined recognition on or about Check One: 3/3/2020 (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). United Plant and Production Workers Local 175 99 Mineola Ave, Roslyn Heights, NY 11577-1269 8d Cell No. 8f. E-Mail Address 8e. Fax No. (516) 487-3110 (516) 487-3144 mzunno@localunion175.com 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) International Association of Machinists June 30, 2019 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f, E-Mail Address 11 Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 3:30-5:15 **Employers Facility** March 24, 2020 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 3411 35th Avenue, Astoria, NY 11106 Laborers Local 731 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Laborers International Union of North America 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. sdamato@nyslof.org 718-706-0720 845-820-3010 718-706-9337 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a, Name and Title Robert M. Cheverie, Attorney 13b. Address (street and number, city, state, and ZIP code) 333 East River Drive, Suite 101, East Hartford, CT 06108 13d. Cell No. 13f. E-Mail Address 13e. Fax No 13c, Tel No. 860-290-9611 rcheverie@cheverielaw.com 860-290-9610 860-305-3261

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Title

Attorney

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Med Manuel

Signature

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	DO NOT WE	RITE IN THIS SPACE	
Case No.	29-RC-257831	Date Filed 3-10-20	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 500 Fourth Avenue, Brooklyn, NY 11215 Planned Building Services, Inc. and Planned Lifestyle Services, Inc., part of and related to Planned Comp 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 150 Smith Road, Parsippany, NJ 07050 Robert Francis, President & CEO 3f. E-Mail Address 3d. Cell No. keith.allone@fsresidential.com -- spa 973-739-0080 -- 212.324.9052 5a. City and State where unit is located: 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Brooklyn, NY **Building** services Residential Building 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All building service workers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the statutory guards and supervisors Petitioner? Yes ✓ No and Employer declined recognition on or about Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). none 8e. Fax No. 8f. E-Mail Address 8d Cell No. 8c. Tel No. 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10b, Address 10a Name 10f. E-Mail Address 10e, Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s) 2nd Floor Common Room 2:30pm-3:30pm nearest wednesday 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 25 West 18th Street, New York, NY 10011 SEIU Local 32BJ 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) SEIU 12f. Fax No. 12g. E-Mail Address 12e. Cell No. 12d. Tel No. 212 388-3800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title Katchen Locke, Attorney 25 West 18th Street, New York, NY 10011 13d. Cell No. 13e, Fax No. 13f, E-Mail Address 13c. Tel No 212-388-2062 klocke@selu32bj.org 212 539 2941 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) stal h 10-20 Attorney Katchen Locke

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WE	DO NOT WRITE IN THIS SPACE		
29-RC-257999	Date Filed 3/12/2020		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100-00 Beach Channel Drive NY Rockaway Park 11694-New Visions Charter High School for the Humanities IV 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 205 East 42nd Street NY New York 10017-Joseph Posner 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. (212) 645-5110 iposner@newvisions org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Education Rockaway Park, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10a. Name 10b. Address 10c. Tel. No. 10f. E-Mail Address 10e. Fax No.

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: 7 Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): March 20, 2020 11c. Election Time(s): 11d. Election Location(s): 10:00 am to 1:30 pm Room 331 at the Employer's facility at 100-00 Beach Channel Drive, Roc 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 52 Broadway 9th Floor NY New York 10004-David Eisenstein United Federation of Teachers ("UFT")

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) UFT, Local 2, AFT, AFL-CIO

12g. E-Mail Address deisenst@nysutmail.org 12f. Fax No. 12e. Cell No. (212) 995-2347 (212) 228-3382 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David Eisenstein Associate Counsel New York State United Teachers 52 Broadway 9th Floor NY New York 10004-13f F-Mail Address 13d. Cell No. 13c. Tel No. deisent@nysutmail.org

(212) 228-3382 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Title Date Signature Name (Print) Associate Counsel David Eisenstein 03/12/2020 14:28:39 David Eisenstein

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

(212) 995-2347

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seg. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

	The second secon
Case	Date Filed

Employees Included

All full-time and regular part-time Teachers, Teaching Assistants, Music Engineers, Counselors (including College and Career Counselors and Therapists), Social Workers, Operations Associates, Operations Assistants, Outreach Coordinators, School Associates, and Restorative Approaches Facilitators employed by the Employer at its facility located at 100-00 Beach Channel Drive, Rockaway Park, New York.

Employees Excluded

All managerial employees, supervisory employees and guards as defined by the Act.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
Case No. 29-RC-258178	7/19/20 Date Filed	

RC PETITION						29-RC-258178 3/19/20					/20
INSTRUCTIONS: Unless e-l employer concerned is loc the employer and all other Case Procedures (Form NL	ated. The petition mu parties named in the	petition of: (panied by 1) the peti	both a s tion; (2)	showing of interes Statement of Pos	t (see 6)	s Petition to b below) an m (Form NL	d a certifica .RB-505); a	nte of service sh and (3) Description	owing se	ervice on resentation
PURPOSE OF THIS PETI bargaining by Petitioner an requests that the National	d Petitioner desires to	be certified a	s represer	tative of	the employees. Th	e Petitio	oner alleges	that the fol	lowing circums	tances ex	
2a. Name of Employer: Children's Law Center			44 Co	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 44 Court Street, 11th Floor Brooklyn, NY 11201							
3a. Employer Representative - Name and Title: Karen Simmons, Executive Director				ess (if sa	me as 2b - state sa	ime):					
3c. Tel. No. (646) 493-5591	3d. Cell No.			3e. Fax I	No.		3f. E-Mail / ksimm	Address ons@cl	cny.org		
4a. Type of Establishment (Fa	The state of the s	er, etc)			ipal Product or Services	vice		5a. City a Brklyn	nd State where u , Qns, Stater	nit is loca 1 Island	ted: & Bx, NY
5b. Description of Unit Invol Included: See attached. Excluded:	ved:							53 6b. Do a s	er of Employees	er (30% o	
on or about	r is currently recogniz	(If n	ing Repre	ceived, so sentative	state).	03/13/2 cation un		repres	employees in the ented by the Peti declined recogni	tioner?	to be Yes No
8c. Tel. No.	8d, Cell No.		T	Be. Fax N	lo.		8f. E-Mail A	Address			
8g. Affiliation, if any:			8h. Date of Recognition or Certif			ification	ion 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)				
9. Is there now a strike or pick (Name of Labor Organizatio 10. Organizations or individual individuals known to have	n) Is other than Petitione	r and those na	amed in ite	ms 8 and	19, which have clai	med reco	has picketed	the Employ	es are participating er since (Month, es and other organical)	Day, Yea	
none 10a, Name		b. Address					10c. Tel. N		10d, Cell No.		
TVS. Name	100	b, Address							100.000		
							10e. Fax No.		10f, E-Mail Address		
			atter, state your position with respect to any			o any suo		11a. Election Type: Manual Mail Mixed Manual/Mail			Manual/Mail
11b. Election Date(s): 4/1/20		c. Election Timom-5pm	ne(s):					11d. Election Location(s) See attached.			
12a. Full Name of Petitioner UAW Local 2325 - A (AFL-CIO)	(including local name association of L	and number): egal Aid A	Attorne	ys	12b. Address (st. 50 Broadwa NY, NY 10	y, Sui	te 1600	, State and	ZIP code):		
12c. Full name of national or in United Auto Workers		nization of wh	ich Petitio	ner is an	affiliate or constitue	ent (if no	ne, so state)	į:			
12d. Tel. No. (212) 343-0708				2f. Fax (212)	No. 343-0966		12g. E-Mail Address				
13. Representative of the Pe 13a. Name and Title: Allyson L. Belovin, Att		ept service of	i	all papers for purposes of the represent 13b. Address (street and number Levy Ratner, P.C., 80 Eig New York, NY 10011			y, State and	ZIP code):	r		
13c. Tel. No. (212) 627-8100	13d. Cell No. (646) 326		(13e. Fax No. (212) 627-8182					atner.com		
declare that I have read the Name (Print)	above petition and t	Signature		On a	PD.	Title	e				Date
Allyson L. Belovin			A	MAR	- Bell	At	torney				03/13/20

5b. Included: All full-time and regular part-time employees by the Employer including but not limited to, Staff Attorney, Client Services and Data Assistant 3, Client Services and Data Assistant 2, Paid Fellow, Social Worker, Paralegal, Senior Staff Attorney, Writing/Appellate Attorney, Senior Writing/Appellate Attorney, Accounts Payable, and Coordinating Advocate

Excluded: Client Services and Data Assistant 1, Co-Borough Director, Manager of Client Services and Operations, Social Worker Manager, Director of Appeals, Paralegal and Volunteer Services, Supervising Attorney, Deputy Director of Operations and Training, Executive Director, Director of Human Resources, Director of Social Work, Coordinator of Digital Initiatives, Executive Assistant, interns, confidential employees, supervisors and managerial employees

11d. 10th Fl. Conference Room at 44 Court St. and Conference Room at Bronx Location

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 29-RC-258544	Date Filed 3/27/2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4050 NW 29TH STREET FL MIAMI 33142-HOMYN ENTERPRISES, DBA SECURE WRAP 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 4050 NW 29TH STREET FL MIAMI 33142-NICHOLAS VALDESPINO 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (305) 870-9720 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Retail (Specialty) LUGGAGE WRAPPING Jamaica, NY 5b. Description of Unit Involved 6a. No. of Employees in Unit: 50 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual / Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 4/17/2020 nann MAII 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) COSMO LUBRANO AMALGAMATED LOCAL 298 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state)
AFL-CIO, INTERNATIONAL UNION OF ALLIED AND PRODUCTION WORKERS 12g. E-Mail Address coslubrano@hotmail.com 12d. Tel No. 12e Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Bryan McCarthy Attorney BCM Associates 1454 Route 22 Suite B101 NY brewster 10509-13c. Tel No. 13d Cell No. 13e. Fax No. 13f. E-Mail Address bcm@bcmassociates.org (914) 588-4480 (914) 588-4480 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **BUSINESS AGENT** Cosmo Lubrano 03/27/2020 12:51:21 **COSMO LUBRANO**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE							
	Case	Date Filed					
	29-RC-258544	3/27/2020					

Employees Included

ALL SECURE WRAP OPERATORS AND LEADS ASIGNED TO JOHN F KENNEDY AIRPORT TERMINALS 1,4,5, AND 7.

Employees Excluded all managers, professional employees and guards as defined by the act

UNIT TATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RM PETITION

DO NOT WRITE IN THIS SPACE

Case No.

29-RM-257958

Date Filed 3/13/20

following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party. 1. PURPOSE OF THIS PETITION: RM-CERTIFICATION OF REPRESENTATIVE - One or more individuals or labor organizations have presented a claim to the Employer/Petitioner to be recognized as the representative of employees of the Employer/Petitioner or the Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. If a charge under Section 8(b)(7) of the Act has been filed involving the Employer/Petitioner named in this petition, this statement shall not be deemed made. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer/Petitioner: 802 Manhatten Avenue Polmost Food Corp., d/b/a Associated Brooklyn, NY 11222 Supermarkets 3a. Employer/Petitioner Representative - Name and Title: 3b. Address (if same as 2b - state same): 49 Market Street, Morristown, NJ 07960-5122 Carlos A. Torrejon, Employer's Legal Counsel 3f. E-Mail Address 3e Fax No. 3d. Cell No. 3c. Tel. No. 973-548-3312 973-280-9029 973-992-9125 Ctorrejon@foxrothschild.com 4b. Principal Product or Service 4a, Type of Establishment (Factory, mine, wholesaler, etc.) Food and Produce Grocery Store 5b. City and State where unit is located: 5a. Description of Unit Involved: Brooklyn, NY Included: All employees, within covered stores, including porters and front-end personnel 6. Number of Employees in Unit: All guards, maintenance employees, office and clerical employees Unless a charge alleging a violation of Section 8(b)(7) is pending, check EITHER item 7a or 7b, whichever is applicable

7a, A labor organization made a demand for recognition on the Employer/Petitioner on (Date) 7b. The Employer/Petitioner has a good faith uncertainty about majority support for an existing representative. 8b. Affiliation, if any 8a. Name of Recognized or Certified Bargaining Agent - Name RWDSU/UFCW Local 338, Retail, Wholesale and Department Store Union (RWDSU) Be. Cell No. 8d. Tel. No. 8c. Address: 516-294-1338 1505 Kellum Place Bg. E-Mail Address 8f. Fax No. Mineola, NY 11501-4811 MPaul@local338.org 10. Expiration Date of Current or Most 9. Date of Recognition or Certification
Since be Recent Contract, if any (Month, Day, Year) 09/30/2019 before 2016 If so, approximately how many employees are participating? 11. Is there now a strike or picketing at the Employer's establishment(s) involved? No N/A , has picketed the Employer since (Month, Day, Year) N/A (Name of Labor Organization) 12. Organizations or individuals other than those named in Item 8, which have a contract with the Employer/Petitioner or represent employees of the Employer/Petitioner or demanded recognition as representatives and other organization and individuals known to have a representative interest in any employees in the unit described in item 5 above, (If none, so state) 12c, Tel. No. 12d. Cell No. 12b. Address 12a. Name and affiliation if any 12f. E-Mail Address 12e. Fax No. 13a. Election Type: 13. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: x Manual Mail Mixed Manual/Mall 13d. Election Location(s): 13c, Election Time(s): 13b. Election Date(s): 10 am -1 pm and 3pm - 5 pm Back Room March 18, 2020 14. Representative of the Employer/Petitioner who will accept service of all papers for purposes of the representation proceeding. 14b. Address (street and number, city, State and ZIP code): 14a. Name and Title: 49 Market Street Carlos A. Torrejon, Esq. Morristown, NJ 07960-5122 Employer's Legal Counsel 14f, E-Mail Address 14d. Cell No. 14e. Fax No. 14c. Tel. No. Ctorrejon@foxrothschild.com 973-280-9029 973-992-9125 973-548-3312 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Signature Name (Print) 3/12/20 Legal Counsel Carlos A. Torrejon, Esq.

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RM PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 31-RM-258277	Date Filed 3/23/2020						

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB Office in the Region in which the employer concerned is located. The petition must be accompanied by a certificate of service showing service on all parties named in the petition of the following: (1) the petition; (2) Statement of Position form; and (3) Description of Procedures in Certification and Decertification Cases (Form NLRB 4812). The petition must also be accompanied by evidence supporting the statement that a labor organization has made a demand for recognition on the employer or that the employer has good faith uncertainty about majority support for an existing representative. However, if the evidence reveals the names and/or number of employees who no longer wish to be represented, the evidence shall not be served on any party.

petition must also be accompa the employer has good faith u employees who no longer wish	ncertainty about majo	rity support for	r an existing repres	entative. How				
1. PURPOSE OF THIS PETIT the Employer/Petitioner to uncertainty about majority sunamed in this petition, this s National Labor Relations B	pe recognized as the apport for an existing re tatement shall not be	representative epresentative deemed made	e of employees o If a charge under 8 e. The Petitioner a	f the Employo Section 8(b)(7) Ileges that th	er/Petitioner of of the Act had ne following	or the Em is been file circumsta	ployer/Petitioner has d involving the Empl nces exist and requ	a good faith over/Petitioner
2a. Name of Employer/Petitioner			ress(es) of Establishr					
Douglas Emmett Management, Inc.							i Blvd., Santa Monici nica Blvd., Santa Mo	
3a. Employer/Petitioner Represe	ntative - Name and Title	: 3b. Add	ress (if same as 2b -	state same):				
Harrison Kuntz, Legal Cou		Ogl	etree Deakins N 0 Bonhomme Av				33105	
3c. Tel. No. (314) 898-4074	3d. Cell No. (310) 597-1559		3e. Fax No. (314) 802-3936		3f. E-Mail Ad harrison.		gletree.com	
4a. Type of Establishment (Factor) Building Maintenance	, mine, wholesaler, etc.)		4b. Principal Produc Commercial		ntial Real Es	tate		
5a. Description of Unit Involved:						5b. City an	d State where unit is loc	cated:
Included: All full time, regular and part 120 N Broadway, Santa Mor	-time, temporary or extra mal lica, CA 90401; 201 Santa M	Intenance enginee Ionica Blvd., Santa	rs employed by the Emp Monica, CA 90401; 133	oyer at Douglas E 3 2nd Street, Sant	mmett buildings:		Monica, CA	
Excluded: All other Employees, janito	rial, porters, office clerical, gu	uards and supervis	ors defined in the Act, as	amended,		6. Number	of Employees in Unit: 4	
Unless a charge alleging a violation ☐ 7a. A labor organization made ☐ 7b. The Employer/Petitioner ha	a demand for recognition	n on the Employ	er/Petitioner on (Date)	.02100			
8a. Name of Recognized or Certi International Union of Ope	fied Bargaining Agent	- Name		9 - 1	10.00	8b. Affiliation		
8c. Address:			8d. Tel. No. (213) 385-1561			8e, Cell No		
2405 W. 3rd St., Los Ange	les, CA 90057					561 (213) 220-7644		
			8f. Fax No. (213) 385-7324			8g. E-Mail Address pmurphy@local501.org		
 Date of Recognition or Certificat Certification in 31-RC-213 		2018			10. Expiratio Recent Cont	n Date of C ract, if any (urrent or Most 'Month, Day, Year) N/,	A
11. Is there now a strike or picketing	g at the Employer's esta	blishment(s) inv	olved? No	If so, approxin	nately how mar	ny employee	es are participating?	I/A
(Name of Labor Organization)	N/A		-		has picketed t	he Employe	er since (Month, Day, Y	3.6.5
12. Organizations or individuals of demanded recognition as represabove. (If none, so state)	ner than those named in	item 8, which ha panization and in	ave a contract with the dividuals known to he	Employer/Peti	tioner or repres	sent employ	ees of the Employer/Pe	etitioner or
12a. Name and affiliation if any	12b. Addr	ess			12c, Tel. No. N/A		12d. Cell No. N/A	
N/A		N/A			12e, Fax No.		12f. E-Mail Address N/A	
13. Election Details: If the NLRB (Manual is preferred; mail is					THE PERSON OF TH	3a. Election	Туре:	d Manual/Mail
13b. Election Date(s):	13c. Elect	tion Time(s):		13d. Election Location(s): Break Room at 429 Santa				
Thursday, April 9, 2020	8:00 a	a.m. to 10:00	a.m.				nta Monica, CA 90	
14. Representative of the Employ	er/Petitioner who will	accept service	of all papers for pur	poses of the r	epresentation	proceeding	9.	
14a. Name and Title:			14b. Address (street					
Harrison Kuntz, Legal Cou	insel			eakins Nas omme Aver			PC ouis, MO 63105	
14c. Tel. No. (314) 898-4074	14d. Cell No. (310) 597-1559	1	14e. Fax No. 14f. E-Mail A					
I declare that I have read the abo	The second secon	e statements ar						
Name (Print)	7.7	gnature A / 5	12 1	Tit				Date
Harrison Kuntz, Esq.		1/2	1/6		Legal Coun	sel		3/20/20

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN	HIS SPACE				
Case No.	Date Filed				
32-RC-257578	03/06/2020				

Date

3/7/2020

FORM NLRB-502 (RC) RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): See Attachment 1 Audio Visual Services Group, Inc. dba PSAV Presentation Services 3b. Address (if same as 2b - state same): 3a. Employer Representative - Name and Title: 16320 Arthur St, Cerritos CA 90703 Jeff Hendricks, Regional Dir. of Venues 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 3c. Tel. No. ihendricks@psav.com 5a. City and State where unit is located: 4b. Principal Product or Service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Venue and event management Monterey, CA Services 5b. Description of Unit Involved: 6a Number of Employees in Unit: Included: All full-time and regular part-time riggers, lead riggers, technicians, technical specialists, technical leads, and technical supervisors. Excluded: All other employees, including guards, office clericals, and supervisors 6b Do a substantial number (30% or more) of the employees in the unit wish to be under the Act. represented by the Petitioner? By petition and Employer declined recognition 7a. Request for recognition as Bargaining Representative was made on (Date) on or about (Date) (If no reply received, so state), 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) None 8f. E-Mail Address 8d. Cell No. 8c. Tel. No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) Is there now a strike or picketing at the Employer(s establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10b. Address 10c Tel No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual □ Mail □ Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): Monterey Conference 11:00 a.m.- 12:00 p.m. Friday, March 20, 2020 Center, 1 Portola Plaza, Monterey 12b. Address (street and number, city, State and ZIP code): 12a. Full Name of Petitioner (including local name and number): 903 Pacific Ave #307c, Santa Cruz, CA 95060 IATSE Local 611 PO BOX 7571, Santa Cruz, CA 95061 12c Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Alliance of Theatrical Stage Employees & Moving Picture Machine Operators of the United States and Canada, AFL-CIO 12g E-Mail Address 12f Fax No. 12d Tel No. 12e Cell No. businessrep@iatse611.org 831-458-0338 831-704-6115 13. Representative of the Petitioner who will accept service of all papers for for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a. Name and Title: Weinberg, Roger & Rosenfeld David W. M. Fujimoto, Attorney 1001 Marina Village Parkway, Suite 200, Alameda, CA 94501 13f. E-Mail Address 13e, Fax No. 13c, Tel. No. 13d Cell No. NLRBnotices@unioncounsel.net 510-337-1023 510-337-1001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Title

Attorney

Signature

David W. M. Fujimoto

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Monterey Conference Center, 1 Portola Plaza, Monterey, CA 93940 Asilomar Hotel and Conference Grounds, 800 Asilomar Ave, Pacific Grove, CA 93950 InterContinental the Clement Monterey, 750 Cannery Row, Monterey, CA 93940 Hyatt Regency Monterey Hotel And Spa, 1 Old Golf Course Rd, Monterey, CA 93940

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-258050	03/16/2020					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.niro.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): BFI (Newby Island) 1601 Dixon Landing Rd. Milpitas, CA 95035 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Daniel North, General Manager same. 3d Cell No. 3c. Tel. No. 3e. Fax No. 3f. E-Mail Address 408-386-5641 408-586-2281 408-586-2297 dnorth@republicservices.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Milpitas, CA Waste and Recycling Recyclery 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: See Attached (this is an Armour-Globe petition). 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Excluded: Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) by petition and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None. 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most 8g. Affiliation, if any: 8h. Date of Recognition or Certification Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None. 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 30, 2020 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): Teamsters Local 350 295 89th St #304, Daly City, CA 94015 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brotherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (650) 757-7290 (650) 757-7294 S.Arranaga@ibtlocal350.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Susan K. Garea, Attorney 483 Ninth Street, Oakland, CA 94607 13c. Tel. No. 13d. Cell No. 13f. E-Mail Address (510) 625-9700 (510) 626-8273 sgarea@beesontayer.com I declare that I have read the above petition and that the statements are knowledge and belief. to the best of my Name (Print) Date Title 03/16/20 Susan K. Garea Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PROJECY ACT STATEMENT

ATTACHMENT TO RC PETITION

Item 5b. Description of Unit Involved:

Petitioner Teamsters Local 350 currently represents a unit of clerical employees.

Petitioner seeks an Armour-Globe election for all unrepresented clerical employees employed by the Employer at its Milpitas facility, including billing coordinator, MRF maintenance clerk, operation clerk, accounting, and maintenance shop clerk.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD FIRST AMENDED | RC PETITION

Case No. 32-RC-258050

Date Filed 03/30/2020

DO NOT WRITE IN THIS SPACE

INSTRUCTIONS: Unless e-Filed using the Agency's website, work hiragone, submit an original of this Petition to an NLRB office in the Region in which the

the employer concerned is located. the employer and all other parti Case Procedures (Form NLRB e	es named in the petition of: (1) the petitic	n: (2)	Statement of Positio	n form /Form	NI RR-5051	and (3) Description of	Panengantation	
PURPOSE OF THIS PETITION bargaining by Petitioner and Pe		PRESENTAT	TIVE -	A substantial number of the employees. The P	of employees	vish to be re	presented for purposes of	f collective	
2a. Name of Employer:		2b. Address	s(es) o	f Establishment(s) invo			City, State, ZIP code):		
Browning-Ferris Industr & International Disposal	1601 Di Milpitas	xon	Landing Road						
3a. Employer Representative - N Steven Wheeless, Attorr	Steptoe	b. Address (if same as 2b - state same): Steptoe & Johnson, LLP 330 Connecticut Avenue, NW, Washington, DC 20036							
3c. Tel. No. (202) 429-6403	3d. Cell No.		Fax N		3f. E-M	ail Address eles@ste			
4a. Type of Establishment (Factor) Recyclery	r, mine, wholesaler, etc.)			pal Product or Service and Recycling		5a. Cit	y and State where unit is as, CA	located:	
5b. Description of Unit Involved: Included: All full-time and regular part clerks employed by either B located at 1601 Dixon Land Excluded:	t-time operations clerks, accounts pa frowning-Ferris Industries of Californi	yable coordinatia, Inc. or Interr	tors, bill national	ing processors and mainte Disposal Corp. of Californ	enance shop nia at the facility	6	mber of Employees in Ur a substantial number (30		
* Employees represented by a labor or	rganization, confidential employees,	guards, and su	perviso	rs as defined in the Act.	100	of t	he employees in the unit resented by the Petitione	wish to be	
Check One: Ta. Request for non or about (Date 7b. Petitioner is c 8a. Name of Recognized or Certi None.	e) (If n currently recognized as Bargain	o reply recei- ing Represer	ved, so ntative	state).	petition on under the A	and Employ	ver declined recognition	150 110	
8c. Tel. No.	I 8d. Cell No.	18e	Fax N	lo.	I Rf E-Mi	ail Address			
			T MA I		024	all Address			
8g. Affiliation, if any:		8h. Da	ate of I	Recognition or Certifica			f Current or Most any (Month, Day, Year)	T	
Is there now a strike or picketing (Name of Labor Organization)	at the Employer's establishme	nt(s) involved	i? N	O. If so, appro			yees are participating?	Yearl	
Organizations or individuals of individuals known to have a rep None.	ner than Petitioner and those na presentative interest in any emp	amed in items ployees in the	8 and unit d	9, which have claimed escribed in item 5b about	d recognition a	s represent	And some constitution and are a supplied and seems of the		
10a. Name	10b. Address				10c. Te	10c. Tel. No. 10d. C			
						k No.	10f. E-Mail Address		
11. Election Details: If the NLRB of	conducts and election in this ma	atter, state yo	our pos	ition with respect to an	ny such election	100000			
11b. Election Date(s):	11c. Election Tin	ne(s):	-		11d. Ele	x Ma		ced Manual/Mail	
To Be Determined	10:00 a.m. t	o 10:30 a.m.				Employer's Premises			
12a. Full Name of Petitioner (Inch Teamsters Local 350 (Sanitary Truck Drivers				12b. Address (street 295 89th Street					
12c. Full name of national or intern International Brotherhoo		ich Petitione	r is an	affiliate or constituent	(if none, so sta	ate):			
12d. Tel. No. (650) 757-7290	12f. Fax No. (650) 757-7294		S.Arr	12g. E-Mail Address S.Arranaga@ibtlocal350.com					
13. Representative of the Petition 13a. Name and Title: Susan K. Garea, Attorney	f all papers for purposes of the represental 13b. Address (street and number, of 483 Ninth Street, Oakland,			er, city, State and ZIP code):					
13c. Tel. No. (510) 625-9700	13d. Cell No.		Fax 10) (No. 525-8275	7 5 5 5 5 5 5 5 5	13f. E-Mail Address sgarea@beesontayer.com			
I declare that I have read the abo		ments are tr			edge and bell				
Name (Print) Susan K. Garea	Signature	35	2	-	Attorney			Date 03/30/20	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

ATTACHMENT TO FIRST AMENDED RC PETITION (32-RC-258050)

Item 5b. Description of Unit Involved:

All full-time and regular part-time operation clerks, accounts payable coordinators, billing processors and maintenance shop clerks employed by either Browning-Ferris Industries of California, Inc. or International Disposal Corp. of California at the facility located at 1601 Dixon Landing Road, Milpitas, CA; excluding employees represented by a labor organization, confidential employees, guards, and supervisors as defined in the Act.*

*This is an Armour-Globe election to join the existing Clerical unit at 1601 Dixon Landing Road, Milpitas, California.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

	IS SPACE	
Casa No.		Date Filed
	32-RC-258278	3/20/2020

	NO	Linon				32	-RU-25	002/8	3/	20/2020	
INSTRUCTIONS: Unless e-File employer concerned is located the amployer and all other par Case Procedures (Form NLRB	d. The petition must ties named in the pe	be accompanied attion of: (1) the p	by both a a eletton; (2)	howing of Interest Statement of Posit	tan fort	below) and	d a certifica RB-505); at	rte of service and (3) Descript	howing l	service on epresentation	
PURPOSE OF THIS PETITIO bargaining by Putitioner and P requests that the National L	etitioner desires to be	e certified as repres	sentative of	he employees. The	Pettto	ner alleges	that the fol	lowing circum	stances		
				b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 3633 Duck Creek Drive, Stockton, CA 95215							
3a. Employer Rope and Carlton Brown Senior Maintenance Ma	dress (W sar e as abov	ne es 2b - stele sei VC	me):								
3c. Tel. No.	3d. Cell No.		3a. Fax N	۵.		3f. E-Mail	Address		_		
(209) 943-3213							77777	ryder.com	1		
ie. Type of Establishment (Fecto Fruck Rental and Repa		etc.)		pel Product or Serv Rental and Re			5a. City a Stocktor	nd State where i, CA	unit is lo	cated:	
5b. Description of Unit Involved included:		A Section 1					6a. Numb	er of Employee	s in Unit:		
All full time/regular pa Excluded: All others	rt time service	technicians a	nd fueler	s.			of the	substantial num employees in th	ne unit wi	sh to be	
Check One: 7a. Request for on or about (De		(If no reply	received, so	state).	3/18/20			ented by the Pe declined recogn		II Yes □ N	
Se. Name of Recognized or Cer	THE RESERVE OF THE PERSON NAMED IN	The second secon		ddress:		00, 010 7-02					
Bc. Tel. No.	Bd. Cell No.		Se. Fax N	0.		Bf. E-Mail Address					
Bg. Affiliation, If any:							(Month, Day,	Year)			
Is there now a strike or picketir (Name of Labor Organization) Organizations or individuals of	other than Petitioner a	nd those named in	items 8 and	9, which have clair	med reco	has picketed ognition as t	the Employ	es are participate yer since (Mont es and other o	h, Day, Y		
individuals known to have a n	epresentative interest	in any employees	in the unit di	SCIDEO III IEM 30	auove. (ir none, so	siale)				
10a. Name	10b.	Address				10c. Tel. N	0.	10d. Cell No.	11		
					10e. Fax N			10f. E-Mail Address			
			er, state your position with respect to any such el					Mixe	d Manual/Mail		
11b. Election Date(s): April 6, 2020	11c.	Election Time(s):				11d. Electi	on Location(a):			
12a. Full Name of Puttioner (In Machinists Automotive	trades Local	d number): Lodge 2182		12b. Address (st) 967 Venture Sacramento	e Cour	rt		ZIP code):			
12c. Full name of national or International Associatio					ard (ill no	ne, so state):				
12d. Tel. No. 12e. Cell No. (925) 687-6421			12f. Fax No.			(b) (6	(b) (6), (b) (7)(C)				
i3. Representative of the Petiti i3a. Name and Title: Caren Sencer, attorney	oner who will accep	t service of all pa	apers for purposes of the representate 13b. Address (street and number, of Weinberg, Roger & Rosenfil 1001 Marina Village Parkw			y, State and Id ay, Suite	ZIP code): 200, Alan	neda, CA 94	1501		
13c. Tel. No. (510) 337-1001	13d. Cell No.		13a. Fax No. (510) 337-1023			NLRBnotices@unioncounsel.net					
declare that I have read the at	ove petition and the		are true to	he best of my kno		A CONTRACTOR OF THE PARTY OF TH				12	
Name (Print) Caren P. Sencer		Signature			At	tomey				3/20/2020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 ef seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or fitigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN	THIS SPACE				
Case No.	Date Filed				
32-RC-258444	03/26/2020				

	RC	PETITION			32-R	C-2584	44	03/26/2	2020	
INSTRUCTIONS: Unless e-File employer concerned is located the employer and all other per Case Procedures (Form NLRB	i. The petition must ties named in the pe	be accompanied i tition of: (1) the p	by both a settton; (2)	howing of Interest (Statement of Position	see 6b below) (on form (Form)	ind a certific VLRB-505); a	ate of service sh nd (3) Description	ion in which the ewing service on or of Represent	e on tation	
PURPOSE OF THIS PETITIO bargaining by Petitioner and F requests that the National L	etitioner desires to be	certified as repres d proceed under I	entative of the proper a	he employees. The I uthortty pursuant to	Petitioner allego Section 9 of t	es that the fo	llowing circums abor Relations	tances exist and lot.		
22. Name of Employer: 2b. Ac Ryder 363:			b. Address(es) of Establishment(s) involved (Street and number, Cay, State, ZIP code): 1633 Duck Creek Drive, Stockton, CA 95215							
3a. Employer Representative - Name and Title: Carlton Brown Senior Maintenance Manager				ne es 2b - state sem VC	e):					
3c. Tel. No. (209) 943-3213	3d. Cell No.		3e. Fax N	0.		il Address	gryder.com			
4s. Type of Establishment (Factor Truck Rental and Repa	ir	etc.)		pel Product or Service Rental and Rep		Stockto	017			
5b. Description of Unit Involved Included: All full time/regular par		technicians ar	nd fueler	s.		33	ber of Employees	in Unit:		
Excluded: All others						of the repre	substantial number employees in the sented by the Pet	unit wish to be tioner? I Yes	7.00	
Check One: 78. Request for on or about (De 7b. Petitioner is 7a. Name of Recognized or Cere	te) 3/18/2020 currently recognized	(If no reply as Bargaining Rep	received, so resentative	state).	C C I J		r declined recogni	tan		
				rrega						
8c. Tel. No.	8d. Cell No.		Se. Fax N	lo.	8f. E-Ma	8f. E-Mail Address				
8g. Affiliation, If any:			th Date of Recognition or Certification 8I. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)			nar)				
Is there now a strike or picketing (Name of Labor Organization)	ng at the Employer's e	establishment(s) inv	rolved?	If so, appr			es are participations are participation of the part	-		
 Organizations or individuals of individuals known to have a re 							ves and other org	anizetions and		
10a. Name	16b.	Address			10c. Tel	No.	10d. Cell No.			
					10e. Fa	No.	10f. E-Mail Address			
11. Election Details: If the NLRE	3 conducts and election	on in this matter, st	, state your position with respect to any such election			ion: 11a, Election Type:				
11b. Election Date(s): April 6, 2020	110	Election Time(s):	11d. Elec			ection Location(s):				
12a. Full Name of Petitioner (in Machinists Automotive				12b. Address (stre 967 Venture Sacramento,	Court		i ZIP code):			
12c. Full name of national or inte International Association					at (if none, so sti	ito):				
12d. Tel. No. (925) 687-6421 12e. Cell No.			(925) 685-4116		(b)	12a, E-Mail Address (b) (6), (b) (7)(C)				
13. Representative of the Petitioner who will accept service of all pa 13a. Name and Title: Caren Sencer, attorney			13b. Address (street and number, cit) Weinberg, Roger & Rosenfe			r, city, State and ZIP code):				
13c, Tel, No. (510) 337-1001	13d, Celi No.		13e, Fax No. (510) 337-1023		NLR	lail Address Bnotices@	unioncouns			
I declare that I have read the at Name (Print) Caren P. Sencer	bove petition and the	Signature	are true to	ine best of my know	Tibe Attorney			Date 3/20	/2020	
Caren F. Sencer		1/			Attorney			3/20	12020	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 el seq. The principal use of the information is to assist the National Labor Relations Beard (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this Information to the NLRB is voluntary; however, faiture to supply the Information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
32-RC-258519	03/27/2020					

KOTEHNOK					32-	-RC-258519 03/27/2020			
employer concerned is loca the employer and all other p	iled using the Agency's web- ted. The petition must be ac- parties named in the petition RB 4812). The showing of int	companied by of: (1) the pet	both a sl ition; (2) S	nowing of interest (see 6b below) a on form (Form N	nd a certifica LRB-505); ai	ite of service sh nd (3) Description	ion in which the owing service on on of Representation	
bargaining by Petitioner and	ION: RC-CERTIFICATION OF d Petitioner desires to be certifi I Labor Relations Board prod	ed as represer	ntative of t	he employees. The i	Petitioner allege	s that the fol	lowing circums	tances exist and	
			Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): e Attachment A						
Lisa L. Larranaga Ca			b. Address (if same as 2b - state same): California Forensic Medical Group, Inc. 911 Sorrento Valley Blvd., Suite 130, San Diego, CA 92121						
3c, Tel. No. (209) 525-5667	3d. Cell No.		3e. Fax N	3r. E-Mail Address Lisa.Larranaga@Wellpath.us				ıs	
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Detention Center (Healthcare Workers)			4b. Principal Product or Service Medical & behavioral health			5a. City and State where unit is located: Modesto, CA			
5b. Description of Unit Involunce of Unit Involu	ved:			345		98	er of Employees	in Unit: er (30% or more)	
See Attachment A				an (Data)	of the employees in represented by the			unit wish to be itioner? X Yes No	
Check One: 7a. Request on or about ((If no reply re-	ceived, so	state).		4	declined recogn	ition	
8a. Name of Recognized or C		none, so state	8b. Ad 125	ddress: 0 45th Street, Stryville, CA 94	Suite 200				
8c. Tel. No. (510) 834-2009	8d. Cell No.	8e. Fax No. (510) 834-2019			8f. E-Mai	8f. E-Mail Address			
8g. Affiliation, if any:				8h. Date of Recognition or Certification 8t. Expira			tion Date of Current or Most ontract, if any (Month, Day, Year)		
Is there now a strike or picket (Name of Labor Organization	eting at the Employer's establis	hment(s) invol	ved? No	If so, appr	roximately how m		es are participation	-	
10. Organizations or individual	100				ed recognition as	representativ	en a committee de l'administration		
10a, Name	10b. Addres	10b. Address			10c, Tel.	10c. Tel. No.		10d, Cell No.	
					10e. Fax	No.	10f. E-Mail Address		
11. Election Details: If the NLRS conducts and election in this matter, st			your posi	tion with respect to a	any such election	11a. Election	The second second	Mixed Manual/Mail	
11b. Election Date(s): April 24, 2020	11c. Electio	11c. Election Time(s):			11d. Elec	11d. Election Location(s):			
12a. Full Name of Petitioner National Union of He	(including local name and num		41	12b. Address (stree 1250 45th Str Emeryville, (et and number, c reet, Suite 2		ZIP code):		
12c. Full name of national or in None	ternational labor organization	of which Petitio	oner is an	affiliate or constituen	t (if none, so stat	θ):			
12d, Tel. No. (510) 834-2009	12e. Cell No.					ail Address	Address @nuhw.org		
13. Representative of the Pet 13a. Name and Title: Latika Malkani, Esq.	who will accept servi	3.	13b. Addr SIEGEI	poses of the representations of the representation of the represen	ber, city, State ar MALKANI	d ZIP code):	94612		
13c, Tel. No. (510) 452-5000	el. No.) 452-5000		13e. Fax No. (510) 452-5004		13f. E-Ma	13f. E-Mail Address Imalkani@sl-employmentlaw.com			
I declare that I have read the		statements ar	*	0.07.00.00.00.00.00	vledge and belie	_			
Name (Print) Latika Malkani			rite'	Malan	Counsel f	or NUHV	V	Date 03/27/20	

to RC Petition filed by National Union of Healthcare Workers (NUHW)

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

- 1) Men's Jail 1115 H Street Modesto, CA 95354
- Juvenile Hall
 2215 Blue Gum Ave.
 Modesto, CA 95358
- REACT, Public Safety Center East/West and Units 1 & 2 200 East Hackett Rd. Modesto, CA 95358

5b. <u>Description of Unit Involved</u>: (*Sonotone* ballot requested.)

Included: All full-time, regular part-time and per diem professional and non-

professional employees employed by the employer at or from the Men's Jail,

Juvenile Hall and REACT, in the following job classifications:

Professional: Registered Nurse, Psychiatric Nurse, Nurse Practitioner, Family

Nurse Practitioner, LMFT, MSW, MFT, LCSW

Non-Professional: Dental Hygienist, Dental Assistant, Clerk, Licensed

Vocational Nurse, Medical Records Clerk

Excluded: All other employees, confidential employees, employees represented by other

labor organizations, guards and supervisors as defined by the National Labor

Relations Act.